2707

HERNANDO COUNTY SCHOOL DISTRICT
Leave of Absence Form
Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

LAST NAME (Print or Type)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER
Garcia	Marra		12413

POSITION	SCHOOL/COST CENTER
Teacher	SHS/0181

Except in the case of an emergency, all leave, other than sick leave, must be approved in advance. If the request for sick leave is pre-planned (i.e. doctor's appointment), it must be pre-approved. For sick leave absences that are not pre-planned, this form must be completed upon return within five (5) working days.

TO BE COMPLETED BY APPLICANT:

I hereby apply for: This leave is requested: ☒ With Pay   .. Without Pay   ☒ Substitute Needed

☐ Sick Leave   ☐ Worker's Comp   ┌───┐
☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave   │ *Note: This leave does not constitute any salary in addition to that which │
☐ Personal Leave (Without Pay)   ☐ Vacation Leave   │ the individual would normally receive for the dates indicated herein. │
☐ Professional Leave   ☒ Temporary Duty (Attach documentation)   ☐ Per Diem   ☐ Mileage   ☐ Meals
☐ Other_____   ☐ Compensatory Time (non-exempt employees only) ☐ Registration ☐ Hotel Expense (Single Room Rate)

Number of Hours Requested __15:30__

Purpose/Benefit (DO NOT use acronyms) Attend the Florida State Spanish Conference

Destination Wyndham Orlando Resort & Conference Center

BEGINNING	ENDING
Time 650 AM _____ PM	Time _____ AM 1 PM
Day of Week Thursday Date 4/17/25	Day of Week Saturday Date 4/19/25

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:					TRAVEL EXPENSE CHARGED TO:				
FUND	FUNCTION	OBJECT	CENTER	PROJECT	FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant _____   Date 1/23/25

TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.

This leave constitutes _____ hour(s) for the regular employee listed above.
Name of substitute(s) (if any):   Amount of Time substituting:

_____   _____ hours: _____ days.

_____   _____ hours: _____ days.

DISTRIBUTION:
White : Payroll
Yellow : Applicant (Attach to Travel Reimbursement form)
Pink : Applicant
Gold : Site Administrator

SO-Per-025
November 2020
Reorder from Printing