

**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) <u>Dent-Palmer</u>	FIRST <u>Kadijah</u>	INITIAL <u>L</u>	EMPLOYEE I.D. NUMBER <u>16633</u>
POSITION <u>Mgr. of Career Enhancement</u>			SCHOOL/COST CENTER <u>STC / 8400</u>

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
- Personal Leave (charged to Sick Lv.)
- Personal Leave (Without Pay)
- Professional Leave
- Other _____
- Worker's Comp
- Military Leave
- Vacation Leave
- Temporary Duty (Attach documentation)
- Compensatory Time (non-exempt employees only)

***Note:** This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.

- Per Diem
- Mileage
- Meals
- Registration
- Hotel Expense (Single Room Rate)

Number of Hours Requested 32

Purpose/Benefit (DO NOT use acronyms) Council on Occupational Education Eval. Team
 Destination East Orange, ~~NC~~ Greenwood, SC

BEGINNING		ENDING	
Time <u>800</u> AM	PM	Time _____ AM	<u>400</u> PM
Day of Week <u>Monday</u>	Date <u>7/31/23</u>	Day of Week <u>Thursday</u>	Date <u>8/3/23</u>

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

Signature of Applicant [Signature] Date 2/13/23

FOR OFFICE USE ONLY: APPROVED NOT APPROVED

Site Administrator/Supervisor [Signature] Date 2/13/23

Project Director (if applicable) _____ Date _____

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.

**HERNANDO COUNTY SCHOOL DISTRICT
Leave of Absence Form**

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LAST NAME (Print or Type) <u>Dent-Palmer</u>	FIRST <u>Radiah</u>	INITIAL <u>L</u>	EMPLOYEE I.D. NUMBER <u>16633</u>
POSITION <u>Mgr. of Career Enhancement</u>			SCHOOL/COST CENTER <u>STC 8400</u>

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TO BE COMPLETED BY APPLICANT:

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

<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Worker's Comp	*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.
<input type="checkbox"/> Personal Leave (charged to Sick Lv.)	<input type="checkbox"/> Military Leave	
<input type="checkbox"/> Personal Leave (Without Pay)	<input type="checkbox"/> Vacation Leave	
<input type="checkbox"/> Professional Leave	<input checked="" type="checkbox"/> Temporary Duty (Attach documentation)	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Compensatory Time (non-exempt employees only)	<input type="checkbox"/> Per Diem <input type="checkbox"/> Mileage <input type="checkbox"/> Meals <input type="checkbox"/> Registration <input type="checkbox"/> Hotel Expense (Single Room Rate)

Number of Hours Requested 20

Purpose/Benefit (DO NOT use acronyms) Council on Occupational Ed. Evaluation Team

Destination East Orange, NJ

BEGINNING		ENDING	
Day of Week	Time	Day of Week	Time
<u>Wednesday</u>	<u>800</u> AM	<u>7/6/23</u>	<u>400</u> PM
Date		Date	
<u>7/5/23</u>			

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:	TRAVEL EXPENSE CHARGED TO:																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>FUND</th> <th>FUNCTION</th> <th>OBJECT</th> <th>CENTER</th> <th>PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>FUND</th> <th>FUNCTION</th> <th>OBJECT</th> <th>CENTER</th> <th>PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT					
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X Signature of Applicant Radiah Dent-Palmer Date 2/13/23

FOR OFFICE USE ONLY: APPROVED NOT APPROVED

Site Administrator/Supervisor [Signature] Date 2/13/23

Project Director (if applicable) _____ Date _____

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