

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) Stratton, John	FIRST John	INITIAL JS	EMPLOYEE I.D. NUMBER 11601
POSITION Superintendent			SCHOOL/COST CENTER 9001

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

<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 checked="" type="checkbox"/> Registration	<input checked="" type="checkbox"/> Hotel Expense (Single Room Rate)	

Number of Hours Requested 24

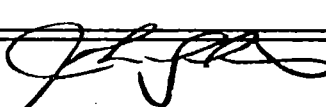
Purpose/Benefit (DO NOT use acronyms) Superintendent's Association National Conference of Education

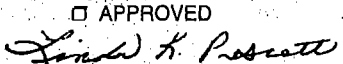
Destination San Diego, California

BEGINNING	ENDING
Time <u>8</u> AM _____ PM _____	Time _____ AM <u>4:00</u> PM _____
Day of Week <u>Wednesday</u> Date <u>2/14/24</u>	Day of Week <u>Friday</u> Date <u>2/16/24</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>1100E</td> <td>7200</td> <td>3340</td> <td>9001</td> <td>40100</td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT	1100E	7200	3340	9001	40100
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X Signature of Applicant  Date 01/12/24

FOR OFFICE USE ONLY:		<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor	<u></u>	Date	<u>1/12/24</u>
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: _____

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