

3272

## 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) <b>James</b>	FIRST <b>Maritza</b>	INITIAL <b>J</b>	EMPLOYEE I.D. NUMBER <b>120417</b>
POSITION <b>teacher</b>			SCHOOL/COST CENTER <b>SHS</b>

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 checked="" type="checkbox"/> Professional Leave	<input 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 \_\_\_\_\_

Purpose/Benefit (DO NOT use acronyms) Florida Yearbook Seminar

Destination St. Petersburg Bayfront Hilton, 333 1st St. SE, St. Petersburg, FL 33701

BEGINNING	ENDING
Time <u>7</u> AM _____ PM _____	Time _____ AM <u>5</u> PM _____
Day of Week <u>Wednesday</u> Date <u>6/18</u>	Day of Week <u>Friday</u> Date <u>6/20</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					
FUND	FUNCTION	OBJECT	CENTER	PROJECT																	
FUND	FUNCTION	OBJECT	CENTER	PROJECT																	

X Signature of Applicant Maritza James Date 4/8/25

<b>FOR OFFICE USE ONLY:</b>	
<input checked="" type="checkbox"/> APPROVED <u>Dana Pearce</u> Site Administrator/Supervisor _____ Date <u>4/11/25</u>	<input type="checkbox"/> NOT APPROVED 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.