

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>Lawyer</u>	FIRST <u>Rachel</u>	INITIAL	EMPLOYEE I.D. NUMBER <u>12682</u>
POSITION <u>Teacher</u>			SCHOOL/COST CENTER <u>CHS</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.

Number of Hours Requested 38.75

Purpose/Benefit (DO NOT use acronyms) Broadway Teachers Workshop

Destination New York

☐ Per Diem

☐ Mileage

☐ Meals

☐ Registration

☐ Hotel Expense (Single Room Rate)

BEGINNING				ENDING			
Time	<u>06:50</u>	AM	PM	Time		AM	<u>2:45</u> PM
Day of Week	<u>Thurs.</u>	Date	<u>7-24</u>	Day of Week	<u>Tues</u>	Date	<u>7-29</u>

SOURCE OF FUNDS

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

X Signature of Applicant R. Lynn Date 5-27-25

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor	<u>Kelly Sussner</u>	Date	<u>5/28/25</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.