

**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>Wiederman</u>		FIRST <u>Herbert</u>	INITIAL	EMPLOYEE I.D. NUMBER <u>02919</u>
POSITION <u>Vehicle Technician</u>			SCHOOL/COST CENTER <u>Transportation</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                      ☐ Worker's Comp

☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave

☐ Personal Leave (Without Pay)    ☐ Vacation Leave

☐ Professional Leave                ☒ Temporary Duty (Attach documentation)

☐ Other \_\_\_\_\_                    ☐ 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 320

Purpose/Benefit (DO NOT use acronyms) 2025 IC BUS UNIVERSITY

Destination TULSA OKLAHOMA

BEGINNING				ENDING			
Day of Week	Time	AM	PM	Day of Week	Time	AM	PM
<u>Monday</u>				<u>Thursday</u>			
Date				Date			
<u>6/2/25</u>				<u>6/5/25</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 [Signature] Date 5/5/25

<b>FOR OFFICE USE ONLY:</b>		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor	<u>[Signature]</u>	Date	<u>5-5-25</u>
Project Director (if applicable)		Date	

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

This leave constitutes 320 hour(s) for the regular employee listed above.

Name of substitute(s) (if any): \_\_\_\_\_ Amount of Time substituting:

\_\_\_\_\_ hours: \_\_\_\_\_ days.

\_\_\_\_\_ hours: \_\_\_\_\_ days.