

**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) Erbe	FIRST Gina	INITIAL M	EMPLOYEE I.D. NUMBER 15406
POSITION English Teacher			SCHOOL/COST CENTER NCHS

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
☐ Registration
☐ Mileage
☐ Hotel Expense (Single Room Rate)
☐ Meals

Number of Hours Requested **N/A**

Purpose/Benefit (DO NOT use acronyms) _____

Destination **VCA Summer cheer camp**

BEGINNING		ENDING	
Time 8:00 AM _____ PM	Time _____ AM 4:00 PM	Day of Week Saturday	Day of Week Tuesday
Date 7/26/25	Date 7/29/25		

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant

[Signature]

Date

6/4/25

FOR OFFICE USE ONLY:

☒ APPROVED

☐ NOT APPROVED

Site Administrator/Supervisor

[Signature]

Date

6/11/25

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.