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)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER
Pinder	Ray	J.	07592
POSITION			SCHOOL/COST CENTER
Superintendent			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

- ☐ 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)
- ☐ Per Diem
- ☐ Registration
- ☐ Mileage
- ☐ Meals
- ☐ Hotel Expense (Single Room Rate)

*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 24

Purpose/Benefit (DO NOT use acronyms) Fall Thought Leadership Conference - ERDI

Destination Chicago, IL

BEGINNING	ENDING
Time 8 (AM) PM	Time AM 4 (PM)
Day of Week Sunday Date 10/26/25	Day of Week Tuesday Date 10/28/25

SOURCE OF FUNDS

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

X Signature of Applicant _____ Date 09-23-25

FOR OFFICE USE ONLY: ☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor Shannon Rodriguez Date 9/24/25

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.

SO-Per-025
November 2020
Reorder from Printing

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