

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) Andrea Gracey	FIRST	INITIAL	EMPLOYEE I.D. NUMBER
POSITION Athletic Dept Volleyball Coach			SCHOOL/COST CENTER SHS 0181

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:

- ☐ 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)

This leave is requested: ☐ With Pay ☐ Without Pay ☐ Substitute Needed

*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 _____

Purpose/Benefit (DO NOT use acronyms) Athletic Tournament

Destination Springstead Volleyball KSA Tournament-Orlando

BEGINNING		ENDING	
Time _____ AM _____ PM		Time _____ AM _____ PM	
Day of Week <u>Wednesday 8/27</u> Date <u>2025</u>		Day of Week <u>Saturday 8/30</u> Date <u>2025</u>	

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 _____

FOR OFFICE USE ONLY:	
Site Administrator/Supervisor <u>[Signature]</u> Date _____	APPROVED <u>[Signature]</u> Date _____
Project Director (If applicable) _____ Date _____	NOT APPROVED _____ 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.

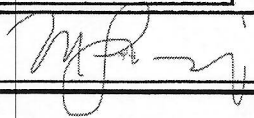
Name of substitute(s) (if any):


Amount of Time substituting:

hours: _____ days.
hours: _____ days.

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) Mike Lanziero	FIRST	INITIAL	EMPLOYEE I.D. NUMBER	
POSITION Athletic Dept Volleyball Coach			SCHOOL/COST CENTER SHS 0181	
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: <input checked="" type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> 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 type="checkbox"/> Professional Leave	<input checked="" 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) Athletic Tournament				
Destination Springstead Volleyball KSA Tournament-Orlando				
BEGINNING		ENDING		
Time _____ AM _____ PM		Time _____ AM _____ PM		
Day of Week Wednesday 8/27 Date 2025		Day of Week Saturday 8/30 Date 2025		
SOURCE OF FUNDS				
SUBSTITUTE CHARGED TO:		TRAVEL EXPENSE CHARGED TO:		
FUND FUNCTION OBJECT CENTER PROJECT		FUND FUNCTION OBJECT CENTER PROJECT		
<input checked="" type="checkbox"/> Signature of Applicant  Date 7/15/25				

FOR OFFICE USE ONLY:	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor 	Date _____	
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.

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

FOR OFFICE USE ONLY: ☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor: Dana Pierce Date: _____

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.

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