

*Please be sure to enter  
into Skyward!*  
**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>Waterman</u>	FIRST <u>Corey</u>	INITIAL <u>J</u>	EMPLOYEE I.D. NUMBER <u>15041</u>
POSITION <u>HVAC Instructor</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

- |   |   |
|---|---|
| <input type="checkbox"/> Sick Leave                           | <input type="checkbox"/> Worker's Comp                                    |
| <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)    |

**\*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"/> 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 31

Purpose/Benefit (DO NOT use acronyms) AHR Expo

Destination LAS VEGAS, NEVADA

BEGINNING		ENDING	
Time <u>7:50</u> AM _____ PM	Time _____ AM <u>2:40</u> PM	Day of Week <u>Monday</u>	Day of Week <u>Thursday</u>
Date <u>2-3-26</u>	Date _____	Date <u>2-6-26</u>	Date _____

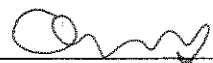
**SOURCE OF FUNDS**

**SUBSTITUTE CHARGED TO:**

FUND	FUNCTION	OBJECT	CENTER	PROJECT

**TRAVEL EXPENSE CHARGED TO:**

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant  Date 11-5-25

<b>FOR OFFICE USE ONLY:</b>	
<input checked="" type="checkbox"/> APPROVED Site Administrator/Supervisor <u>K. Slusser</u>	<input type="checkbox"/> NOT APPROVED Date <u>11/6/25</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.
_____ hours: _____ days.	_____ hours: _____ days.