

**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) Huston	FIRST Leah	INITIAL M	EMPLOYEE I.D. NUMBER 18242
POSITION Director of Bands			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: ☐ With Pay ☒ Without Pay ☐ Substitute Needed

<input type="checkbox"/> Sick Leave <input type="checkbox"/> Personal Leave (charged to Sick Lv.) <input type="checkbox"/> Personal Leave (Without Pay) <input type="checkbox"/> Professional Leave <input type="checkbox"/> Other _____	<input type="checkbox"/> Worker's Comp <input type="checkbox"/> Military Leave <input type="checkbox"/> Vacation Leave <input checked="" type="checkbox"/> Temporary Duty (Attach documentation) <input type="checkbox"/> Compensatory Time (non-exempt employees only)	<div style="border: 1px solid black; padding: 2px; font-size: small;"> *Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein. </div> <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 14.9

Purpose/Benefit (DO NOT use acronyms) Winter Guard Finals Competition

Destination Daytona Beach Ocean Center and Hilton Hotel

BEGINNING	ENDING
Time <u>8:00</u> AM _____ PM _____ Day of Week <u>Thursday</u> Date <u>03/27/2024</u>	Time _____ AM <u>11:00</u> PM _____ Day of Week <u>Friday</u> Date <u>03/28/2025</u>

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:	TRAVEL EXPENSE CHARGED TO:																				
<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <th>FUND</th> <th>FUNCTION</th> <th>OBJECT</th> <th>CENTER</th> <th>PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT						<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <th>FUND</th> <th>FUNCTION</th> <th>OBJECT</th> <th>CENTER</th> <th>PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT					
FUND	FUNCTION	OBJECT	CENTER	PROJECT																	
FUND	FUNCTION	OBJECT	CENTER	PROJECT																	

X Signature of Applicant Leah M. Huston Date 01/14/2025

FOR OFFICE USE ONLY:	
<input checked="" type="checkbox"/> APPROVED Site Administrator/Supervisor _____ Date <u>1/22/25</u>	<input type="checkbox"/> NOT APPROVED 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.

**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) Muniz, Victoria A.		FIRST A.	INITIAL 	EMPLOYEE I.D. NUMBER 19058
POSITION Paraprofessional			SCHOOL/COST CENTER SHS/0181	
<p>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.</p> <p>TO BE COMPLETED BY APPLICANT:</p> <p>I hereby apply for:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Sick Leave <input type="checkbox"/> Personal Leave (charged to Sick Lv.) <input type="checkbox"/> Personal Leave (Without Pay) <input type="checkbox"/> Professional Leave <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Military Leave <input type="checkbox"/> Vacation Leave <input checked="" type="checkbox"/> Temporary Duty (Attach documentation) <input type="checkbox"/> Compensatory Time (non-exempt employees only) </div> <div> <p>This leave is requested: <input checked="" type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Substitute Needed</p> <div style="border: 1px solid black; padding: 2px; font-size: small;"> <p>*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.</p> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Per Diem <input type="checkbox"/> Registration </div> <div> <input type="checkbox"/> Mileage <input type="checkbox"/> Hotel Expense (Single Room Rate) </div> <div> <input type="checkbox"/> Meals </div> </div> </div> </div>				

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor		Date	1-24-25
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.

**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) Pritchard		FIRST Kathleen	INITIAL C	EMPLOYEE I.D. NUMBER 18470
POSITION 1st Grade Associate Teacher		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:

<input checked="" type="checkbox"/> Sick Leave <input checked="" type="checkbox"/> Personal Leave (charged to Sick Lv.) <input type="checkbox"/> Personal Leave (Without Pay) <input type="checkbox"/> Professional Leave <input type="checkbox"/> Other _____	<input type="checkbox"/> Worker's Comp <input type="checkbox"/> Military Leave <input type="checkbox"/> Vacation Leave <input type="checkbox"/> Temporary Duty (Attach documentation) <input type="checkbox"/> 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.

Number of Hours Requested 7 hrs 45 min

Purpose/Benefit (DO NOT use acronyms) Chaperone my daughters field trip for Winter guards.

Destination Daytona, FL

BEGINNING		ENDING	
Time <u>8:55</u> AM _____ PM	Time _____ AM <u>4:40</u> PM	Day of Week <u>Friday</u>	Day of Week <u>Friday</u>
Date <u>3-28-25</u>	Date <u>3-28-25</u>	Date <u>3-28-25</u>	Date <u>3-28-25</u>

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant Kathleen Pritchard Date 1-24-25

FOR OFFICE USE ONLY:	
Site Administrator/Supervisor <u>[Signature]</u>	Date <u>1/24/25</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.