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
Huston	Leah	M	18242
POSITION Director of Bands			SCHOOL/COST CENTER SHS/0181
completed upon return within five (5) TO BE COMPLETED BY APPLICANT:	IIV. II MUSI DE DIE-ADDIOVED FO	must be apport	roved in advance. If the request for sick leave is bsences that are not pre-planned, this form must be
I hereby apply for:	This leave i	s requested: (□ With Pay ■ Without Pay □ Substitute Needed
☐ Sick Leave ☐ Personal Leave (charged to Sick Lv.) ☐ Personal Leave (Without Pay) ☐ Professional Leave	 Worker's Comp Military Leave Vacation Leave Temporary Duty (Attach document 	the	ote: This leave does not constitute any salary in addition to that which individual would normally receive for the dates indicated herein.
	☐ Compensatory Time (non-exempt	employees only)	☐ Registration ☐ Hotel Expense (Single Room Rate)
Number of Hours Requested 14.9			•
Purpose/Benefit (DO NOT use acronyms)	Winter Guard Finals	Competiti	on
_{Destination} Daytona Beach Oc	ean Center and Hilton	Hotel	
BEGINNING			ENDING
Time 8:00 AM PM			44.00
■ Day of	te 03/27/2024	Day of Week Fri	Time AM_11:00 PM day Date 03/28/2025
	SOURCE (OF FUNDS	
SUBSTITUTE CHAI			TRAVEL EXPENSE CHARGED TO:
FUND FUNCTION OBJECT CENTER PROJECT		FUND	
X Signature of Applicant Sea	h M. Huston		Date 01/14/2025
FOR OFFICE USE ONLY:	MAPPROVED 0	NOT APPRO	VED .
Site Administrator/Supervisor	- Bull		Date(/22/25
Project Director (if applicable) Date			
TO BE COMPLETED BY PRINCIPAL OR S	SUPERVISOR AND SUBMITTED	WITH THE R	EGULAR PAYROLL
This leave constitutes hou			
Name of substitute(s) (if any):			Amount of Time substituting:
			hours: days.
			hours: days.

DISTRIBUTION:

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

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				
Muniz Victoria A	19058				
Paraprofessional	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:					
	s requested: With Pay				
☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave	*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.				
☐ Personal Leave (Without Pay) ☐ Vacation Leave ☐ Professional Leave ☐ Temporary Duty (Attach document)					
□ Other □ Compensatory Time (non-exempt	employees only)				
Number of Hours Requested 1hrs					
Purpose/Benefit (DO NOT use acronyms) COACH Of	the group				
Destination 101 N Atlantic Ave. Dayto	ona Beach, Fl 32118				
BEGINNING	ENDING				
AM PM	Time AM 2 PM				
Day of Friday Date March 38th	Day of Friday Date March 28th				
	OF FUNDS				
SUBSTITUTE CHARGED TO:	TRAVEL EXPENSE CHARGED TO:				
FUND FUNCTION OBJECT CENTER PROJECT	FUND FUNCTION OBJECT CENTER PROJECT				
X Signature of Applicant Victorie m	Date 1-24-25				
FOR OFFICE USE ONLY: APPROVED	NOT APPROVED				
Site Administrator/Supervisor Date 1-24-25					
Project Director (If applicable)	Date				
TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTE	D WITH THE REGULAR PAYROLL.				
This leave constitutes hour(s) for the regular employee list	ed above.				
Name of substitute(s) (if any):	Amount of Time substituting:				
	hours: days.				
	hours: days.				

DISTRIBUTION:

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Pink : Applicant
Gold : Site Administrator

HERNANDO COUNTY SCHOOL DISTRICT

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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			
POSITION	<u>rathleeri</u>	SCHOOL/COST CENTER			
	Associate Teacho	/ SHS/0181			
Except in the case of an emer	gency, all leave, other than sick leave	, must be approved in advance. If the request for sick leave is			
completed upon return within	omunent), it must be pre-approved. F five (5) working davs.	or sick leave absences that are not pre-planned, this form must be			
TO BE COMPLETED BY APPLIC I hereby apply for:	ANT:				
Sick Leave	☐ Worker's Comp	is requested: With Pay Without Pay Substitute Needed			
Personal Leave (charged to Personal Leave (Without Pa	Sick Lv.) 🗇 Military Leave	*Note: This leave does not constitute any salary in addition to that wi the individual would normally receive for the dates indicated herein.			
☐ Professional Leave	y)				
☐ Other	Compensatory Time (non-exem)	t employees only) Registration Hotel Expense (Single Room Rate)			
Number of Hours Requested	hrs 45min				
Purpose/Benefit (DO NOT use acre	onyms) Chaperone n	my daughters field trip for Wi			
		THE			
(), E C	EGINNING	ENDING			
Day of Time 8:55	_ AM PM	TimeAMY.40 PM			
Week Friday	_ Date <u>3-28-25</u>	Day of Friday Date 3-28-25			
	SOURCE	OF FUNDS			
SUBSTITUT	E CHARGED TO:	TRAVEL EXPENSE CHARGED TO:			
FUND FUNCTION OBJ	ECT CENTER PROJECT	FUND FUNCTION OBJECT CENTER PROJECT			
X Signature of Applicant	thein Portch	and Date 1-24-25			
Process and a construction of the construction					
FOR OFFICE USE ONLY;	PLAT PROVED	NOT APPROVED			
Site Admiristrator/Supervisor		Date //2 4/755			
Project Director (if applicable)		Date			
The state of the s	aliak — Para Parita Spark Dalish Kerada Silik b				
TO BE COMPLETED BY PRINCIP	AL OR SUPERVISOR AND SUBMITTE	D WITH THE REGULAR PAYROLL.			
This leave constitutes	hour(s) for the regular employee ilsi	ed above.			
This leave constitutes Name of substitute(s) (if any):	hour(s) for the regular employee list	ed above. Amount of Time substituting:			
This leave constitutes Name of substitute(s) (if any):	hour(s) for the regular employee list				
This leave constitutes Name of substitute(s) (if any):	hour(s) for the regular employee list	Amount of Time substituting:			

DISTRIBUTION:
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Yellow : Applicant (Atlach to Travel Reimbursement form)
Pink : Applicant
Gold : Site Administrator