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 SPRINGSTEAD	
Except in the case of an emergency pre-planned (i.e. doctor's appointm completed upon return within five (TO BE COMPLETED BY APPLICANT:	ent), it must be pre-approved. Fo 5) working days.	r sick leave a	absences that are not pre-planne	d, this form must be
I hereby apply for:		s requested:	☐ With Pay ■ Without Pay ☐	Substitute Needed
☐ Sick Leave ☐ Personal Leave (charged to Sick L ☐ Personal Leave (Without Pay)	☐ Worker's Comp	1	Note: This leave does not constitute any se individual would normally receive for t	7
☐ Professional Leave ☐ Other	<ul><li>Temporary Duty (Allach documer</li><li>Compensatory Time (non-exempt</li></ul>	,	□ Per Diem □ Mileage □ Registration □ Hotel Exper	☐ Meals ase (Single Room Rate)
Number of Hours Requested 48				
Purpose/Benefit (DO NOT use acronym	UNIVERSAL BAND T	RIP		
Destination UNIVERSAL STUD	DIOS			
BEGINI	VING		ENDING	
<sub>Time</sub> 6:00 AM	PM		Time AM 5:00	PM
	Date 3/15/2025	Day of Week M		3/17/2025
	SOURCE	OF FUNDS		
SUBSTITUTE CH	IARGED TO:		TRAVEL EXPENSE CHA	RGED TO:
FUND FUNCTION OBJECT	CENTER PROJECT	FUN	D FUNCTION OBJECT	CENTER PROJECT
X Signature of Applicant	ah M. Huston	)	Date 02/24/2025	
FOR OFFICE USE ONLY: Site Administrator/Supervisor	ang larce	J NOT APPR	OVED Date 3/26/25	
Project Director (if applicable)			Date	
		(SS <u>                                </u>		
TO BE COMPLETED BY PRINCIPAL O	R SUPERVISOR AND SUBMITTE	D WITH THE	REGULAR PAYROLL.	
This leave constitutes  Name of substitute(s) (if any):	hour(s) for the regular employee lis	ted above.	Amount of Time substituting:	
		and the garden server and the contract of	hours:	days.
			hours:	days.

DISTRIBUTION:

White : Payroll
Yullow : Applicant (Atlach to Travel Reimbursement form)
Pink : Applicant
Gold : Site Administrator

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LASTANAE (Pinta 1906) Goncepción, Victoria	INITIAL EMPLOYEE LO. NUMBER 16553
instructional .	BOHDOLOOST/CENTER! FES
Except in the case of an emergency, all leave, other than sick leave, pre-planned (Le. doctor's appointment), it must be pre-approved. For example ted upon setum within five (5) working days.  30 SE COMPLESED BY APPLICANT:	must be approved in advance. If the request for sick leave is relick leave absences that are not pre-planned, this form must be
ID Sick Leave  D Personal Leave (Charged to Stok tv) ID (Military Leave  D Personal Leave (Without Pay)  D Vacation Leave	strequested;  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.
D Professional Leave D Temporary Duty (Attach boome) Compensatory Time (nor warge) Number of Hours Requested 48	
Rapposetteenegt (do Morkes acconyms) Springstead Field Trip ( Destruction Universal Studios Oriando	Chaperone
BEGINNING  Time B:00 AM PM	ENDING filme AM 3:30 PM
navol Salunday Date 3/15/2025	Day of Monday Date 3/17/2025
SOURCE:  SUBSTITUTE CHARGED TO  FUND FUNCTION OBJECT CENTER PROJECT	FUND FUNCTION OBJECT CENTER PROJECT
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BE COMPLETED BY APPLICANT:	A CONTRACTOR OF THE PARTY OF TH	is requested: D With Pay : Without Pay : D Substitute Needed
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	Springstead/Field Tri	Chaperone
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		EQFICUIDS TRAVELEXPENSE CHARGED TO:
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