

3087

**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) <b>HUSTON</b>	FIRST <b>LEAH</b>	INITIAL <b>M</b>	EMPLOYEE I.D. NUMBER <b>18242</b>
POSITION <b>DIRECTOR OF BANDS</b>			SCHOOL/COST CENTER <b>SPRINGSTEAD</b>

**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

☐ Sick Leave ☐ Worker's Comp

☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave

☐ Personal Leave (Without Pay) ☐ Vacation Leave

☐ Professional Leave ☒ Temporary Duty (Attach documentation)

☐ Other \_\_\_\_\_ ☐ 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.

☐ Per Diem ☐ Mileage ☐ Meals

☐ Registration ☐ Hotel Expense (Single Room Rate)

Number of Hours Requested 48

Purpose/Benefit (DO NOT use acronyms) UNIVERSAL BAND TRIP

Destination UNIVERSAL STUDIOS

BEGINNING	ENDING
Time <u>6:00</u> AM _____ PM _____	Time _____ AM <u>5:00</u> PM _____
Day of Week <u>SATURDAY</u> Date <u>3/15/2025</u>	Day of Week <u>MONDAY</u> Date <u>3/17/2025</u>

**SOURCE OF FUNDS**

SUBSTITUTE CHARGED TO:	TRAVEL EXPENSE CHARGED TO:																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">FUND</th> <th style="width:20%;">FUNCTION</th> <th style="width:20%;">OBJECT</th> <th style="width:20%;">CENTER</th> <th style="width:25%;">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;"> <tr> <th style="width:15%;">FUND</th> <th style="width:20%;">FUNCTION</th> <th style="width:20%;">OBJECT</th> <th style="width:20%;">CENTER</th> <th style="width:25%;">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																	

☒ Signature of Applicant Leah M. Huston Date 02/24/2025

<b>FOR OFFICE USE ONLY:</b>	
<input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED Site Administrator/Supervisor <u>Dana Pearce</u> Date <u>2/25/25</u>	
Project Director (if applicable) _____	Date _____

<b>TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.</b>	
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.

3087

# 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 & Type) Concepcion, Victoria	FIRST Victoria	INITIAL VC	EMPLOYEE I.D. NUMBER 16553
POSITION Instructional			SCHOOL/POST CENTER FES

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

- ☐ 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)

\*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: 48

Purpose/Benefit (DO NOT use acronyms) Springstead Field Trip Chaperone

Destination: Universal Studios Orlando

BEGINNING		ENDING	
Time 8:00 AM	PM	Time 3:30 AM	PM
Day of Week Saturday	Date 3/15/2025	Day of Week Monday	Date 3/17/2025

## SOURCE OF FUNDS

### SUBSTITUTE CHARGED TO:

### TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant:  Date: 2-25-25

FOR OFFICE USE ONLY	APPROVED	NOT APPROVED
Site Administrator/Supervisor		Date: 2/25/25
Principal or 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. Payroll/Accounting (if any): _____	Amount of Time substituting: _____ hours _____ days _____ hours _____ days	

DEFINITION:  
 White = Payroll  
 Yellow = Payroll (Attach to Travel Reimbursement 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) <b>Pritchard</b>	FIRST <b>Kathleen</b>	INITIAL <b>C</b>	EMPLOYEE ID NUMBER <b>18470</b>
POSITION <b>Associate Teacher substitute 1st grade</b>			SCHOOL/COST CENTER <b>J.D. Floyd Elem.</b>

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 checked="" type="checkbox"/> Sick Leave <input checked="" type="checkbox"/> Personal Leave (charged to sick leave) <input checked="" type="checkbox"/> Personal Leave (Without Pay) <input type="checkbox"/> Professional Leave <input type="checkbox"/> Other _____	<input type="checkbox"/> Workers Comp <input type="checkbox"/> Military Leave <input type="checkbox"/> Vacation Leave <input type="checkbox"/> Temporary Duty (each occurrence) <input type="checkbox"/> Compensatory Time (earned and unused only)
---	---

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: **8**

Purpose of Leave: **Springstead Field Trip Chaperone**

Destination: **Universal Studios Orlando**

BEGINNING Time <b>8:00</b> AM <input type="checkbox"/> PM <input type="checkbox"/> Date <b>3/15/2025</b>	ENDING Time <b>3:30</b> AM <input type="checkbox"/> PM <input type="checkbox"/> Day of Week <b>Monday</b> Date <b>3/17/2025</b>
--	---

SOURCE OF FUNDS FUND _____ FUNCTION _____ PROJECT _____	TRAVEL EXPENSE CHARGED TO: FUND _____ FUNCTION _____ OBJECT _____ CENTER _____ PROJECT _____
--	---

**Kathleen Pritchard** Date **2-25-25**

APPROVED _____ 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 substituted: \_\_\_\_\_

FUND _____ FUNCTION _____ PROJECT _____	FUND _____ FUNCTION _____ PROJECT _____
---	---