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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>Rowley</u>	FIRST <u>Taylor</u>	INITIAL <u>H</u>	EMPLOYEE I.D. NUMBER <u>19049</u>
POSITION <u>Teacher</u>			SCHOOL/COST CENTER <u>PW Springstead HS</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 | *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"/> 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) | | |
| | <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 7.45

Purpose/Benefit (DO NOT use acronyms) Field Trip Statson University prep/

Destination Statson University departure

BEGINNING		ENDING	
Time <u>6:55</u> AM PM		Time <u>2:40</u> AM <u>PM</u>	
Day of Week <u>Friday</u>	Date <u>10/3/25</u>	Day of Week <u>Friday</u>	Date <u>10/3/25</u>

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:					TRAVEL EXPENSE CHARGED TO:				
FUND	FUNCTION	OBJECT	CENTER	PROJECT	FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant [Signature] Date 8/7/25

FOR OFFICE USE ONLY: APPROVED NOT APPROVED

Site Administrator/Supervisor Dana Pearce Date 8/8/25

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.