

4/25

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																
Hynes	Frank																		
POSITION	SCHOOL/COST CENTER SHS 10181																		
<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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Sick Leave</td> <td style="width: 50%;"><input type="checkbox"/> Worker's Comp</td> </tr> <tr> <td><input type="checkbox"/> Personal Leave (charged to Sick Lv.)</td> <td><input type="checkbox"/> Military Leave</td> </tr> <tr> <td><input type="checkbox"/> Personal Leave (Without Pay)</td> <td><input type="checkbox"/> Vacation Leave</td> </tr> <tr> <td><input type="checkbox"/> Professional Leave</td> <td><input checked="" type="checkbox"/> Temporary Duty (Attach documentation)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Compensatory Time (non-exempt employees only)</td> </tr> </table> <p>This leave is requested: <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Substitute Needed</p> <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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Per Diem</td> <td style="width: 50%;"><input type="checkbox"/> Mileage</td> </tr> <tr> <td><input type="checkbox"/> Registration</td> <td><input type="checkbox"/> Meals</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Hotel Expense (Single Room Rate)</td> </tr> </table>				<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Worker's Comp	<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"/> Registration	<input type="checkbox"/> Meals	<input type="checkbox"/> Hotel Expense (Single Room Rate)	
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<p>Number of Hours Requested <u>24 Hours</u></p> <p>Purpose/Benefit (DO NOT use acronyms) <u>Coach - Boys V. Wrestling</u></p> <p>Destination _____</p>																			
<p>BEGINNING</p> <p>Day of Week <u>Fri</u> Time <u>6</u> AM _____ PM _____ Date <u>1/30/25</u></p>		<p>ENDING</p> <p>Day of Week <u>Sat</u> Time <u>12</u> AM _____ PM _____ Date <u>1/31/25</u></p>																	
SOURCE OF FUNDS																			
<p>SUBSTITUTE CHARGED TO:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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										
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<p><input checked="" type="checkbox"/> Signature of Applicant <u>Frank Hynes</u></p>		<p>Date <u>1/11/25</u></p>																	

<p>FOR OFFICE USE ONLY:</p> <p>Site Administrator/Supervisor <u>Dave Lewis</u> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> Date <u>1/12/25</u></p>	
<p>Project Director (if applicable) _____ Date _____</p>	

<p>TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.</p> <p>This leave constitutes _____ hour(s) for the regular employee listed above.</p> <p>Name of substitute(s) (if any): _____</p>	
<p>Amount of Time substituting:</p> <p>_____ hours: _____ days.</p> <p>_____ hours: _____ days.</p>	

DISTRIBUTION:
White : Payroll
Yellow : Applicant (Attach to Travel Reimbursement form)

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
LARocca	Michael		
POSITION	SCHOOL/COST CENTER Wrestling Coach STS 10151		

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:

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)

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.

Per Diem Mileage Meals
 Registration Hotel Expense (Single Room Rate)

Number of Hours Requested 36

Purpose/Benefit (DO NOT use acronyms) Wrestling Tournament

Destination _____

Colby Memorial

BEGINNING			ENDING		
Day of Week	Time <u>6</u> AM	PM	Day of Week	Time <u>8:00</u> AM	PM
<u>Friday</u>	<u>1/30/26</u>		<u>Sat.</u>	<u>1/31/26</u>	

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

Signature of Applicant Dana Pearce

Date _____

FOR OFFICE USE ONLY:

Site Administrator/Supervisor Dana Pearce APPROVED _____

NOT APPROVED _____ Date _____

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.
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Amount of Time substituting:

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