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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>Hynes</u> FIRST		INITIAL <u>FRANK</u>	EMPLOYEE I.D. NUMBER
POSITION <u>PE Teacher</u>		SCHOOL/COST CENTER <u>SHS 10181</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:

☐ 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.

Number of Hours Requested 24 Hours

Purpose/Benefit (DO NOT use acronyms) Coach - Boys V. Wrestling

Destination _____

☐ Per Diem

☐ Mileage

☐ Meals

☐ Registration

☐ Hotel Expense (Single Room Rate)

BEGINNING				ENDING			
Day of Week	Time	AM	PM	Day of Week	Time	AM	PM
<u>Fri</u>	<u>6</u>			<u>Sat</u>	<u>12</u>		
Date	<u>1/30/26</u>			Date	<u>1/31/26</u>		

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant Frank Hynes Date 12/11/25

FOR OFFICE USE ONLY:	
<input checked="" type="checkbox"/> APPROVED Site Administrator/Supervisor <u>Dana Lewis</u>	<input type="checkbox"/> NOT APPROVED Date <u>12/12/25</u>
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.

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) <u>LARocca</u>		FIRST <u>Michael</u>	INITIAL	EMPLOYEE I.D. NUMBER
POSITION <u>Wrestling Coach</u>		SCHOOL/COST CENTER <u>SHS 10151</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

☐ 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 36

Purpose/Benefit (DO NOT use acronyms) Wrestling Tournament

Destination Colby Memorial

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

X Signature of Applicant _____ Date _____

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

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.