

4129

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 <u>Frank</u>		INITIAL	EMPLOYEE I.D. NUMBER
POSITION <u>PE Teacher</u>		SCHOOL/COST CENTER <u>SHS / 0181</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 ☐ 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)

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 30 Hours

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

Destination _____

BEGINNING		ENDING	
Time <u>7</u> AM _____ PM	Time _____ AM <u>11</u> PM	Day of Week _____	Day of Week <u>Sat</u>
Date <u>2/6/26</u>	Date <u>2/7/26</u>		

SUBSTITUTE CHARGED TO:					SOURCE OF FUNDS				
FUND	FUNCTION	OBJECT	CENTER	PROJECT	FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant [Signature] Date 12/11/25

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor <u>Dana Pearce</u>	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.	Amount of Time substituting:
Name of substitute(s) (if any): _____	_____ 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) LARocca		FIRST Michael	INITIAL	EMPLOYEE I.D. NUMBER
POSITION Wrestling Coach			SCHOOL/COST CENTER SAS 10181	

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:

<input type="checkbox"/> Sick Leave <input type="checkbox"/> Personal Leave (charged to Sick Lv.) <input type="checkbox"/> Personal Leave (Without Pay) <input type="checkbox"/> Professional Leave <input type="checkbox"/> Other _____	<input type="checkbox"/> Worker's Comp <input type="checkbox"/> Military Leave <input type="checkbox"/> Vacation Leave <input checked="" type="checkbox"/> Temporary Duty (Attach documentation) <input type="checkbox"/> Compensatory Time (non-exempt employees only)	This leave is requested: <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Substitute Needed <div style="border: 1px solid black; padding: 2px; font-size: small;"> *Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein. </div>
--	---	--

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

Number of Hours Requested 36

Purpose/Benefit (DO NOT use acronyms) Wrestling Tournament

Destination Ippolito Memorial

BEGINNING		ENDING	
Time <u>6</u> AM _____ PM	Time _____ AM <u>8</u> PM	Day of Week <u>Friday</u>	Day of Week <u>Sat</u>
Date <u>2/6/26</u>	Date <u>2/7/26</u>		

SOURCE OF FUNDS

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

Signature of Applicant [Signature] Date 1/12/26

FOR OFFICE USE ONLY:	
Site Administrator/Supervisor <u>Dana Pearce</u> Project Director (if applicable) _____	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED Date <u>1/12/26</u> 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.