

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)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER																	
HYNES	FRANK																			
POSITION	PE Teacher																			
<small>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.</small>																				
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) <input type="checkbox"/> Per Diem <input type="checkbox"/> Registration <input type="checkbox"/> Mileage <input type="checkbox"/> Meals <input type="checkbox"/> Hotel Expense (Single Room Rate)																				
This leave is requested: <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Substitute Needed <small>*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.</small>																				
Number of Hours Requested <u>30 Hours</u>																				
Purpose/Benefit (DO NOT use acronyms) <u>Coach - Wrestling</u>																				
Destination <u>Wrestling</u>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 5px;">BEGINNING</td> <td colspan="2" style="text-align: center; padding: 5px;">ENDING</td> </tr> <tr> <td style="width: 15%;">Day of Week</td> <td style="width: 15%;">Time</td> <td style="width: 15%;">Day of Week</td> <td style="width: 15%;">Time</td> </tr> <tr> <td>Time <u>7</u> AM</td> <td>PM</td> <td>Day of Week <u>Sat</u></td> <td>AM <u>11</u> PM</td> </tr> <tr> <td colspan="2">Date <u>2/6/26</u></td> <td colspan="2">Date <u>2/7/26</u></td> </tr> </table>					BEGINNING		ENDING		Day of Week	Time	Day of Week	Time	Time <u>7</u> AM	PM	Day of Week <u>Sat</u>	AM <u>11</u> PM	Date <u>2/6/26</u>		Date <u>2/7/26</u>	
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Date <u>2/6/26</u>		Date <u>2/7/26</u>																		
SOURCE OF FUNDS																				
SUBSTITUTE CHARGED TO:																				
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TRAVEL EXPENSE CHARGED TO:																				
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FUND	FUNCTION	OBJECT	CENTER	PROJECT																
X Signature of Applicant <u>Frank Hynes</u> Date <u>12/11/25</u>																				

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)				

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)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER										
LAROCCA	Michael												
POSITION	Wrestling Coach		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>													
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<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)												
<p>Number of Hours Requested <u>36</u></p> <p>Purpose/Benefit (DO NOT use acronyms) <u>Wrestling Tournament</u></p> <p>Destination <u>Ippolito Memorial</u></p>													
BEGINNING		ENDING											
Time <u>6</u> AM	PM	Time <u>8</u> AM	PM										
Day of <u>Friday</u> Week	Date <u>2/6/26</u>	Day of <u>Sat.</u> Week	Date <u>2/7/26</u>										
SOURCE OF FUNDS													
SUBSTITUTE CHARGED TO:													
FUND	FUNCTION	OBJECT	CENTER	PROJECT									
TRAVEL EXPENSE CHARGED TO:													
FUND	FUNCTION	OBJECT	CENTER	PROJECT									
<p>Signature of Applicant <u>Dana Pease</u> Date <u>1/12/26</u></p>													

<p>FOR OFFICE USE ONLY:</p> <p>Site Administrator/Supervisor <u>Dana Pease</u> Date <u>1/12/26</u></p> <p>Project Director (if applicable) _____ Date _____</p>	
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<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>			
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