

**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) Morris	FIRST John	INITIAL	EMPLOYEE I.D. NUMBER 13434
POSITION Director			SCHOOL/COST CENTER Academic Services

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 8

Purpose/Benefit (DO NOT use acronyms) AP Conference Boston

Destination Boston, MA

BEGINNING		ENDING	
Time <u>7:00</u> AM _____ PM	Time _____ AM <u>3:00</u> PM	Day of Week <u>Saturday</u>	Day of Week <u>Saturday</u>
Date <u>7-19-2025</u>	Date <u>7-19-2025</u>	Date <u>7-19-2025</u>	Date <u>7-19-2025</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 5-19-2025

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	Date <u>5/19/2025</u>
Site Administrator/Supervisor <u>[Signature]</u>		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.
 Name of substitute(s) (if any): _____

Amount of Time substituting:
 _____ hours: _____ days.
 _____ hours: _____ days.