

**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>Pasquale</u> <u>Dillon</u>		FIRST <u>Dillon</u>	INITIAL	EMPLOYEE I.D. NUMBER <u>18087</u>
POSITION <u>Vehicle Tech</u>			SCHOOL/COST CENTER <u>Transportation</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 40.00

Purpose/Benefit (DO NOT use acronyms) IC BUS University Training

Destination Tulsa, Oklahoma

BEGINNING		ENDING	
Time <u> </u> AM <u> </u> PM	Date <u>7/8/24</u>	Time <u> </u> AM <u> </u> PM	Date <u>7/12/24</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 [Signature] Date 4/19/24

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor <u>[Signature]</u>	Date <u>4/19/24</u>	
Project Director (if applicable) _____	Date _____	

TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.	
This leave constitutes <u>40.0</u> hour(s) for the regular employee listed above.	Amount of Time substituting:
Name of substitute(s) (if any): _____	_____ hours: _____ days.
_____	_____ hours: _____ days.