

**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) <i>Schwefringhaus</i>	FIRST <i>Hunter</i>	INITIAL <i>R</i>	EMPLOYEE I.D. NUMBER <i>17234</i>
POSITION <i>Teacher</i>			SCHOOL/COST CENTER <i>WWHS</i>

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
- 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)

***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 _____

Purpose/Benefit (DO NOT use acronyms) *Student Television Network Convention*

Destination *Tampa FL*

BEGINNING		ENDING	
Time <u><i>8:00</i></u> AM _____ PM	Time _____ AM <u><i>12:00</i></u> PM	Day of Week <u><i>3/1/25 Saturday</i></u> Date <u><i>3/1/25</i></u>	Day of Week <u><i>3/4/25</i></u> Date <u><i>Tuesday</i></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 *11/7/24*

FOR OFFICE USE ONLY: APPROVED NOT APPROVED

Site Administrator/Supervisor *[Signature]* Date *11/12/24*

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.