


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) Holcomb	FIRST Stacey	INITIAL	EMPLOYEE I.D. NUMBER 13535	
POSITION Teacher of students who are visually impaired			SCHOOL/COST CENTER ESE	
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: <input checked="" type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Substitute Needed		
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Worker's Comp	*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.		
<input type="checkbox"/> Personal Leave (charged to Sick Lv.)	<input type="checkbox"/> Military Leave			
<input type="checkbox"/> Personal Leave (Without Pay)	<input type="checkbox"/> Vacation Leave			
<input checked="" type="checkbox"/> Professional Leave	<input type="checkbox"/> Temporary Duty (Attach documentation)			
<input type="checkbox"/> Other	<input type="checkbox"/> Compensatory Time (non-exempt employees only)			
		<input type="checkbox"/> Per Diem	<input type="checkbox"/> Mileage	<input type="checkbox"/> Meals
		<input type="checkbox"/> Registration	<input type="checkbox"/> Hotel Expense (Single Room Rate)	
Number of Hours Requested 15.50				
Purpose/Benefit (DO NOT use acronyms) National Federation of the Blind Seminar				
Destination Baltimore, MD				
BEGINNING		ENDING		
Time 8:00 AM _____ PM		Time _____ AM 3:45 PM		
Day of Week Thursday	Date 9/21/23	Day of Week Friday	Date 9/22/23	
SOURCE OF FUNDS				
SUBSTITUTE CHARGED TO:		TRAVEL EXPENSE CHARGED TO:		
FUND FUNCTION OBJECT CENTER PROJECT		FUND FUNCTION OBJECT CENTER PROJECT		
X Signature of Applicant 		Date 8/21/23		

FOR OFFICE USE ONLY:	
<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor 	Date 8/21/23
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.

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<input type="checkbox"/> Sick Leave <input type="checkbox"/> Personal Leave (charged to Sick Lv.) <input type="checkbox"/> Personal Leave (Without Pay) <input checked="" 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 type="checkbox"/> Temporary Duty (Attach documentation) <input type="checkbox"/> Compensatory Time (non-exempt employees only)
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***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 23.25

Purpose/Benefit (DO NOT use acronyms) National Federation of the Blind Seminar

Destination Washington, DC


BEGINNING		ENDING	
Time <u>8:00</u> AM _____ PM	Time _____ AM <u>3:45</u> PM	Day of Week <u>Monday</u>	Day of Week <u>Wednesday</u>
Date <u>1/29/24</u>	Date <u>1/31/24</u>		

SUBSTITUTE CHARGED TO:


FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant 

Date 8/21/23

FOR OFFICE USE ONLY:	
<input checked="" type="checkbox"/> APPROVED <u></u>	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor	Date <u>8/21/23</u>
Project Director (If applicable)	Date

TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.

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Amount of Time substituting:

_____ hours: _____ days.

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Number of Hours Requested 15.50																							
Purpose/Benefit (DO NOT use acronyms) National Federation of the Blind Seminar																							
Destination Ruston, Louisiana																							
BEGINNING		ENDING																					
Time 8:00 AM _____ PM _____		Time _____ AM 3:45 PM _____																					
Day of Week Thursday Date 4/4/24		Day of Week Friday Date 4/5/24																					
SOURCE OF FUNDS																							
SUBSTITUTE CHARGED TO:		TRAVEL EXPENSE CHARGED TO:																					
<table border="1"><thead><tr><th>FUND</th><th>FUNCTION</th><th>OBJECT</th><th>CENTER</th><th>PROJECT</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		FUND	FUNCTION	OBJECT	CENTER	PROJECT						<table border="1"><thead><tr><th>FUND</th><th>FUNCTION</th><th>OBJECT</th><th>CENTER</th><th>PROJECT</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		FUND	FUNCTION	OBJECT	CENTER	PROJECT					
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<input checked="" type="checkbox"/> APPROVED 	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor _____	Date 8/21/23
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