

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

**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: With Pay Without Pay 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 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> Date <u>1/29/24</u>		Day of Week <u>Wednesday</u> Date <u>1/31/24</u>	

SOURCE OF FUNDS									
SUBSTITUTE CHARGED TO:					TRAVEL EXPENSE CHARGED TO:				
FUND	FUNCTION	OBJECT	CENTER	PROJECT	FUND	FUNCTION	OBJECT	CENTER	PROJECT

Signature of Applicant  Date 8/21/23

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

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Number of Hours Requested <u>15.50</u>																			
Purpose/Benefit (DO NOT use acronyms) <u>National Federation of the Blind Seminar</u>																			
Destination <u>Ruston, Louisiana</u>																			
BEGINNING		ENDING																	
Time <u>8:00</u> AM _____ PM	Time _____ AM <u>3:45</u> PM																		
Day of Week <u>Thursday</u> Date <u>4/4/24</u>	Day of Week <u>Friday</u> Date <u>4/5/24</u>																		
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