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)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER
Leiper	Corinne	N	17130
POSITION			**SCHOOL/COST CENTER**
teacher/sponsor			WMS

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) _____

Destination Washington D.C. class of 26 trip

BEGINNING	ENDING
Time _____ AM _____ PM	Time _____ AM _____ PM
Day of Week Monday Date 3/30/26	Day of Week Saturday Date 4/4/26

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:					TRAVEL EXPENSE CHARGED TO:				
FUND	FUNCTION	OBJECT	CENTER	PROJECT	FUND	FUNCTION	OBJECT	CENTER	PROJECT

✗ Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY: ☐ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor _____ Date 9/18/25

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.

DISTRIBUTION:
White : Payroll
Yellow : Applicant (Attach to Travel Reimbursement form)
Pink : Applicant
Gold : Site Administrator

9/18/25

SO-Per-025
November 2020
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LAST NAME (Print or Type)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER
Carr	Shayna		18040
POSITION			SCHOOL/COST CENTER
Teacher			Weeki Wachee High School

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- ☐ Vacation Leave
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Destination Washington D.C. Class of '26 Trip

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SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:					TRAVEL EXPENSE CHARGED TO:				
FUND	FUNCTION	OBJECT	CENTER	PROJECT	FUND	FUNCTION	OBJECT	CENTER	PROJECT

✗ Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY: ☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor _____ Date 9/18/25

Project Director (if applicable) _____ Date _____

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