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**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) HUSTON	FIRST LEAH	INITIAL M	EMPLOYEE I.D. NUMBER 18242
POSITION DIRECTOR OF BANDS			SCHOOL/COST CENTER SPRINGSTEAD

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"/> Personal Leave (charged to Sick Lv.) <input type="checkbox"/> Personal Leave (Without Pay) <input 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 checked="" 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 36

Purpose/Benefit (DO NOT use acronyms) NINE STAR HONOR BAND - SUMMER CONFERENCE

Destination DoubleTree by Hilton Orlando at SeaWorld 10100 International Dr

BEGINNING	ENDING
Time _____ AM _____ PM Day of Week <u>MONDAY</u> Date <u>JUNE 7TH 2025</u>	Time _____ AM _____ PM Day of Week <u>THURSDAY</u> Date <u>JUNE 10TH 2025</u>

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">FUND</th> <th style="width: 15%;">FUNCTION</th> <th style="width: 15%;">OBJECT</th> <th style="width: 15%;">CENTER</th> <th style="width: 15%;">PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT						TRAVEL EXPENSE CHARGED TO: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">FUND</th> <th style="width: 15%;">FUNCTION</th> <th style="width: 15%;">OBJECT</th> <th style="width: 15%;">CENTER</th> <th style="width: 15%;">PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT					
FUND	FUNCTION	OBJECT	CENTER	PROJECT																	
FUND	FUNCTION	OBJECT	CENTER	PROJECT																	

☒ Signature of Applicant Leah Huston Date 05/15/2025

FOR OFFICE USE ONLY:

☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor *Dana Pearce* Date 5/15/25

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.