

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) Earnest	FIRST Amy	INITIAL L	EMPLOYEE I.D. NUMBER 14775
POSITION Teacher			SCHOOL/COST CENTER 166175

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 ☐ Worker's Comp
☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave
☐ Personal Leave (Without Pay) ☐ Vacation Leave
☒ Professional Leave ☐ Temporary Duty (Attach documentation)
☐ Other **7.75** ☐ 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 **7.75**

Purpose/Benefit (DO NOT use acronyms) **Field Trip to Southern Star Music Festival**

Destination **Georgia**

BEGINNING		ENDING	
Time 5:00 AM _____ PM	Day of Week Friday	Time _____ AM 5:00 PM	Day of Week Sunday
Date 5/8/26		Date 5/10/26	

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant **Amy Earnest** Date **12/18/05**

FOR OFFICE USE ONLY:

☒ APPROVED

☐ NOT APPROVED

Site Administrator/Supervisor **[Signature]**

Date **1-8-26**

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.