

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
Earnest	Amy	L	14775
POSITION	SCHOOL/COST CENTER		
Teacher	WWTW		

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:

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 Compensatory Time (non-exempt employees only)

This leave is requested: With Pay Without Pay Substitute Needed

***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		
Day of Week	Time 5:00 AM _____ PM	Date 5/8/26	Day of Week	Time 5:00 AM _____ PM	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 **12/18/25**

FOR OFFICE USE ONLY:

APPROVED

NOT APPROVED

Site Administrator/Supervisor

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.

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