

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) <i>Alcar</i>	FIRST <i>Dawn</i>	INITIAL <i>C</i>	EMPLOYEE I.D. NUMBER <i>10571</i>
POSITION <i>Teacher</i>			SCHOOL/COST CENTER <i>111118</i>

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 |
| <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 type="checkbox"/> Professional Leave | <input type="checkbox"/> Temporary Duty (Attach documentation) |
| <input checked="" type="checkbox"/> Other | <input type="checkbox"/> 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.

- | | | |
|---------------------------------------|---|--------------------------------|
| <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 *72 Hrs.*

Purpose/Benefit (DO NOT use acronyms) *Yearbook Annual Seminar*

Destination *Embassy Suites Kissimmee, FL*

BEGINNING		ENDING	
Day of Week <i>Tuesday</i>	Time <i>6:00</i> AM <input type="checkbox"/> PM <input type="checkbox"/>	Day of Week <i>Thursday</i>	Time <i>2:00</i> AM <input type="checkbox"/> PM <input type="checkbox"/>
Date <i>6/18</i>		Date <i>6/20</i>	

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant *Dawn Alcar*

Date *20 May 2024*

FOR OFFICE USE ONLY:

☒ APPROVED

☐ NOT APPROVED

Site Administrator/Supervisor *[Signature]*

Date *5/21/24*

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.