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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"/> Worker's Comp | *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"/> 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 checked="" type="checkbox"/> Temporary Duty (Attach documentation) | <input type="checkbox"/> Per Diem |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Compensatory Time (non-exempt employees only) | <input type="checkbox"/> Mileage |
| | | <input type="checkbox"/> Meals |
| | | <input type="checkbox"/> Hotel Expense (Single Room Rate) |
| | | <input type="checkbox"/> Registration |

Number of Hours Requested 48

Purpose/Benefit (DO NOT use acronyms) Symphonic Band and Chorus Field Trip

Destination Ramanda Resort 19201 Collins Ave, Sunny Isles Beach, FL 33160

BEGINNING		ENDING	
Time <u>6:00</u> AM _____ PM	Time _____ AM <u>7:30</u> PM	Day of Week <u>Saturday</u>	Day of Week <u>Sunday</u>
Date <u>05/03/2025</u>	Date <u>05/04/2025</u>		

SOURCE OF FUNDS

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

X Signature of Applicant *Leah M. Huston* Date 03/13/2025

FOR OFFICE USE ONLY: APPROVED NOT APPROVED

Site Administrator/Supervisor *Dana Plance* Date 3/13/25

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.

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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) ROWLEY	FIRST TAYLOR	INITIAL	EMPLOYEE I.D. NUMBER
POSITION CHORUS DIRECTOR			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

- 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 48

Purpose/Benefit (DO NOT use acronyms) SYMPHONIC BAND AND CHORUS FIELD TRIP

Destination Ramanda Resort 19201 Collins Ave, Sunny Isles Beach, FL 33160

BEGINNING		ENDING	
Time <u>6:00</u> AM _____ PM	Time _____ AM <u>7:30</u> PM	Day of Week <u>SATURDAY</u>	Day of Week <u>SUNDAY</u>
Date <u>05/03/2025</u>	Date <u>05/04/2025</u>		

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant [Signature] Date 3/26/2025

FOR OFFICE USE ONLY: APPROVED NOT APPROVED
 Site Administrator/Supervisor [Signature] Date 3/31/25
 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.

**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)	FIRST INITIAL	EMPLOYEE I.D. NUMBER
<u>Patton</u>	<u>Kathleen</u>	<u>18470</u>
POSITION	SCHOOL/COST CENTER	
<u>Teacher</u>	<u>SHS/0181</u>	

All leaves, other than sick leave, must be approved in advance. If the request for sick leave is completed less than 30 days in advance, it must be pre-approved. For sick leave absences that are not pre-planned, this form must be completed by the employee on the day of absence.

THIS FORM IS COMPLETED BY APPLICANT

Number of days requested: 18

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 days requested: 18

PURPOSE OF TRIP: Symphonic Band and Chorus Field Trip

Destination: Resort 19201 Collins Ave, Sunny Isles, FL 33160

STARTING	ENDING
Day of Week: <u>Saturday</u> Time: <u>5:30 AM</u>	Day of Week: <u>Sunday</u> Time: <u>7:30 PM</u>
Date: <u>3/31/25</u>	Date: <u>5/14/25</u>

SOURCE OF FUNDS

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

Supervisor's Signature: [Signature] Date: 3-31-25

FOR OFFICE USE ONLY

Site Administrator/Supervisor: [Signature] Date: 3/31/25

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.