

**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) <u>Schwefringhaus</u>	FIRST <u>Hunter</u>	INITIAL <u>R</u>	EMPLOYEE I.D. NUMBER <u>17234</u>
POSITION <u>Teacher</u>			SCHOOL/COST CENTER <u>WWHS</u>

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 checked="" type="checkbox"/> Temporary Duty (Attach documentation) |
| <input 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 _____

Purpose/Benefit (DO NOT use acronyms) Attend the student television network convention

Destination Tampa FL

BEGINNING		ENDING	
Time <u>8:00</u> AM _____ PM		Time <u>3:00</u> AM _____ PM	
Day of Week <u>Saturday</u> Date <u>2/28/25</u>		Day of Week <u>Tuesday</u> Date <u>3/3/25</u>	

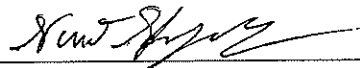
SOURCE OF FUNDS


SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant  Date 10/24/25

FOR OFFICE USE ONLY:	
Site Administrator/Supervisor <u></u> Date <u>10/24/25</u>	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Project Director (if applicable) _____	Date _____

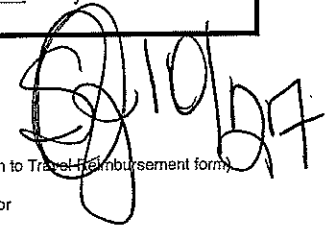
TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.

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.
_____ 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 or Type) KELLY	FIRST TANIA	INITIAL	EMPLOYEE I.D. NUMBER 01681
POSITION School Counselor			SCHOOL/COST CENTER NCTHS

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 **15.5**

Purpose/Benefit (DO NOT use acronyms) **STN Convention**

Destination **Tampa, FL**

BEGINNING		ENDING	
Time 800 AM	PM	Time _____ AM 1200 PM	PM
Day of Week SAT	Date 2/28/26	Day of Week TUES	Date 3/3/26

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant

Date **10/22/25**

FOR OFFICE USE ONLY:

☒ APPROVED

☐ NOT APPROVED

Site Administrator/Supervisor

Date

11-5-25

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.