

**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) Clifford	FIRST Christopher	INITIAL L	EMPLOYEE I.D. NUMBER 10305
POSITION Principal			SCHOOL/COST CENTER DSPMS/0241

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 8.0

Purpose/Benefit (DO NOT use acronyms) AMLE 24 National Conference

Destination Nashville, TN

BEGINNING		ENDING	
Time <u>8:00</u> AM	PM	Time _____ AM	<u>4:00</u> PM
Day of Week <u>Sat.</u>	Date <u>11/9/24</u>	Day of Week <u>Sat.</u>	Date <u>11/9/24</u>


SOURCE OF FUNDS

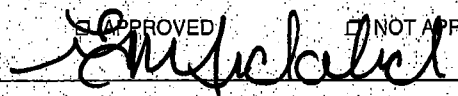
SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant  Date 9/4/24

FOR OFFICE USE ONLY:	
Site Administrator/Supervisor <u></u>	APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/> Date <u>9/8/24</u>
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**

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LAST NAME (Print or Type) Wright	FIRST Brandon	INITIAL J.	EMPLOYEE I.D. NUMBER 13457
POSITION Assistant Principal			SCHOOL/COST CENTER DSPM5/0241

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TO BE COMPLETED BY APPLICANT:

I hereby apply for:

This leave is requested: With Pay Without Pay Substitute Needed

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- Personal Leave (charged to Sick Lv.)
- Personal Leave (Without Pay)
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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 9/4/24

FOR OFFICE USE ONLY:	
<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor <u>[Signature]</u>	Date <u>9/8/24</u>
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.