

**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>Blund. Justin</i>	FIRST	INITIAL	EMPLOYEE I.D. NUMBER <i>15796</i>
POSITION <i>Para-Head Coach</i>			SCHOOL/COST CENTER <i>0391</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

- 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
- Registration
- Mileage
- Hotel Expense (Single Room Rate)
- Meals

Number of Hours Requested _____

Purpose/Benefit (DO NOT use acronyms)

Glazier Clinic

Destination

Atlanta

BEGINNING		ENDING	
Time <i>11:00</i> AM	PM	Time <i>2:00</i> AM	PM
Day of Week <i>Thurs</i>	Date <i>Feb 20.25</i>	Day of Week <i>Sun</i>	Date <i>Feb 23.25</i>

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

Signature of Applicant

[Signature]

Date

11/13/2024

FOR OFFICE USE ONLY:

APPROVED NOT APPROVED

Site Administrator/Supervisor

[Signature]

Date

11/13/24

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.

[Handwritten Signature]