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)	INITIAL EMPLOYEE I.D. NUMBER					
POSITION TAY TOR	SCHOOL/COST CENTER					
AG 1787	<u> </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 Worker's Comp						
☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave	*Note: This leave does not constitute any selary in addition to that which the individual would normally receive for the dates indicated herein.					
☐ Personal Leave (Without Pay) ☐ Vacation Leave ☐ Professional Leave ☐ Temporary Duty (Attach document	allon) 🖸 Per Diem 🗇 Mileage 🗇 Meals					
☐ Other ☐ Compensatory Time (non-exempt employees only) ☐ Registration ☐ Hotel Expense (Single Room Rate)						
Number of Hours Requested 90 HYS						
Purpose/Benefit (DO NOT use acronyms) FLOYIDA FFA STATE CONVENTION						
Destination 8101 WOYLD CENTER DRIVE ORLANDO, FL 32821						
BEGINNING	ENDING					
Time (9: 00 AM PM	Time AM_(9:00 PM					
Day of TUESDAY Date 00 11 24	Day of FRIDAY Date 010 14104					
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 3/7/24					
duenke Boom	5/6/24					
भूति ताकत्त्राह् संबद्धाः स्वतिविक्षः स्वर्देशः । भूति श्रीतिकाल्यः । व्यति ।	U INTONE AND THE COLUMN					
CHOVE HILLIGHER AND THE STATE OF THE CHOICE ST						
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Beth Kastra						
	<u> </u>					
TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTI	ED WITH THE REGULAR PAYROLL.					
This leave constitutes hour(s) for the regular employee ili	eted above,					
	sted above, Amount of Time substituting:					
This leave constitutes hour(s) for the regular employee ili	eted above,					

DISTRIBUTION:
White : Payroll
Yellow : Applicant (Attach to Travel Reimbursement form)
Pink : Applicant
Gold : Site Administrator

SO-Per-025 November 2020 Reorder from Printing

HERNANDO COUNTY SCHOOL DISTRICT Leave of Absence Form

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regu payroll.

LAST NAME (Print or Type)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER			
WILSON	VICTORIA (TORI)		13/3 2			
POSITION AG TRacher			SCHOOL/COST CENTER / 029	//		
Except in the case of an emergency pre-planned (i.e. doctor's appoint completed upon return within five TO BE COMPLETED BY APPLICANT:	ent), it must be pre-approved. Fo	must be app r sick leave a	roved in advance. If the request fo absences that are not pre-planned,	r sick leave is this form must be		
I hereby apply for: This leave is requested: ☐ With Pay ☐ Without Pay ☐ Substitute Needed						
☐ Sick Leave ☐ Personal Leave (charged to Sick L ☐ Personal Leave (Without Pay)	Worker's Comp Note: This leave does not constitute any salary in addition to that white					
☐ Professional Leave ☐ Other	Temporary Duty (Attach documentCompensatory Time (non-exempt		☐ Per Diem ☐ Mileage ☐ Registration ☐ Hotel Expens	Meals(Single Room Rate)		
Number of Hours Requested 96	HRS	_	Δ			
Purpose/Benefit (DO NOT use acronym	B) FL FFA ST	TATE	CONVENTION	/		
Destination 8/01 Warld (PONTER DRIVE ON	lando	FL 32821			
BEGIN	VING		ENDING			
Time 6:00 AN	PM .		Time AM_ 6.	00 PM ,		
Day of	Date 06/11/24	Day of Week	FRICKY Date	06/14/24		
	SOURCE	OF FUNDS				
SUBSTITUTE CH	ARGED TO:		TRAVEL EXPENSE CHAR	GED TO:		
FUND FUNCTION OBJECT	CENTER PROJECT	FUN	ID FUNCTION OBJECT C	ENTER PROJECT		
		1				
X Signature of Applicant	to I hit		Date 4/18/24	w Barding of .		
FOR OFFICE USE ONLY: Site Administrator/Supervisor Project Director (If applicable)	DAFFROVED C	NOT APPR	OVED Date 4/18/24 Date			
Trojoc Sirocis (ii applicatio)						
Beth So	estra					
TO BE COMPLETED BY PRINCIPAL	OR SUPERVISOR AND SUBMITTE	D WITH THE	REGULAR PAYROLL.			
This leave constitutes Name of substitute(s) (if any):	hour(s) for the regular employee its	ted above.	Amount of Time substituting:			
		-	hours:	days.		
			hours:	days.		
		 				

DISTRIBUTION:

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