

**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) NELSON	FIRST TAYLOR	INITIAL E	EMPLOYEE I.D. NUMBER 13973
POSITION AG / NET			SCHOOL/COST CENTER HHS

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:

- | | |
|--|---|
| <input type="checkbox"/> Sick Leave
<input type="checkbox"/> Personal Leave (charged to Sick Lv.)
<input type="checkbox"/> Personal Leave (Without Pay)
<input type="checkbox"/> Professional Leave
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Worker's Comp
<input type="checkbox"/> Military Leave
<input type="checkbox"/> Vacation Leave
<input checked="" type="checkbox"/> Temporary Duty (Attach documentation)
<input type="checkbox"/> Compensatory Time (non-exempt employees only) |
|--|---|

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.

- | | | |
|---------------------------------------|---|--------------------------------|
| <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 96 Hrs

Purpose/Benefit (DO NOT use acronyms) FLORIDA FFA STATE CONVENTION

Destination 8101 WORLD CENTER DRIVE ORLANDO, FL 32821

BEGINNING		ENDING	
Time <u>9:00</u> AM _____ PM		Time _____ AM <u>6:00</u> PM	
Day of Week <u>TUESDAY</u> Date <u>06/11/24</u>		Day of Week <u>FRIDAY</u> Date <u>06/14/24</u>	

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

X Signature of Applicant <u><i>[Signature]</i></u> <u><i>Shenika Brown</i></u>	Date <u>3/7/24</u> <u>5/6/24</u>
---	-------------------------------------

APPROVED BY (Principal/Supervisor)	DATE	OFFICE

Beth Lastra

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 or Type) <u>Wilson</u>	FIRST <u>Victoria (Tozi)</u>	INITIAL <u>L</u>	EMPLOYEE I.D. NUMBER <u>13152</u>
POSITION <u>AG Teacher</u>			SCHOOL/COST CENTER <u>DSPMS 10241</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

- ☐ 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 96 HRS

Purpose/Benefit (DO NOT use acronyms) FL FFA STATE CONVENTION

Destination 8101 World Center Drive Orlando, FL 32821

BEGINNING				ENDING			
Day of Week	Time	AM	PM	Day of Week	Time	AM	PM
<u>Tuesday</u>	<u>6:00</u>			<u>Friday</u>	<u>6:00</u>		
Date	<u>06/11/24</u>			Date	<u>06/14/24</u>		

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant Victoria L. Wilson Date 4/18/24

FOR OFFICE USE ONLY:

☒ APPROVED

☐ NOT APPROVED

Site Administrator/Supervisor

Date

4/18/24

Project Director (If applicable)

Date

Beth Gastha

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.