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

LAST NAME (Printor Type)	District	
POSITION POSITION	C INPUAL EMPLOYEE I.D. NUMBER 141014	
Locinc tohr	SCHOOL/COST CENTER	
Except in the case of an emergency, all leave, other than sick leave pre-planned (i.e. doctor's appointment), it must be pre-approved. F	, must be approved in advance. If the	
	or sick leave absences that are not pre-planned, this form must be	
hereby apply for:		
□ Sick Leave	is requested: With Pay	
Personal Leave (Without Pay) Woodies Leave	*Note: This leave does not constitute any salary in addition to that which	
Professional Leave Temporary Duty (Attach document	the individual would normally receive for the dates indicated herein.  The per Diem Mileage Meals	
Compensatory Time (non-exemp	t employees only)	
Number of Hours Requested	( )	
Purpose/Benefit (DO NOT use acronyms)	held thin	
Destination DOMINGTON		
BEGINNING	ENDING	
Day of DA AM PM		
Week	Day of Week Date Date Date	
SUBSTITUTE OUT OF SOURCE O		
SUBSTITUTE CHARGED TO:  FUND FUNCTION OBJECT CENTER PROJECT	TRAVEL EXPENSE CHARGED TO:	
FUNCTION OBJECT CENTER PROJECT	FUND FUNCTION OBJECT CENTER PROJECT	
AR		
X Signature of Applicant	Date 9/9/2(0	
Date III Vol		
FOR OFFICE USE ONLY:		
FOR OFFICE USE ONLY:  Site Administrator/Supervisor  Para Plance	NOT APPROVED	
Project Director (If applicable)		
A Teplocation	Date	
O BE COMPLETED BY PRINCIPAL OR SUBERVISOR AND SUB-		
O BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.  This leave constitutes		
Name of substitute(s) (if any):		
	Amount of Time substituting:	
	hours: days.	
	hours: days.	

SO-Per-025 November 2020 Reorder from Printing

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

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 payroli.

LAST NAME (Print or Type)	INITIAL	EUDI OVE	
POSITION	INITIAL	EMPLOYEE I.D. NUMBER	
leacher!		SCHOOL/COST CENTER	15
Except in the case of an emergency all t	manual La	21	1)
pre-planned (i.e. doctor's appointment), it must be pre-approved. Fo completed upon return within five (5) working days.  TO BE COMPLETED BY APPLICANT:	r sick leave a	oved in advance. If the request bsences that are not pre-planne	for sick leave is d, this form must be
horoby anniest-	0 2000	Yuru -	
	s requested:	With Pay D Without Pay	Substitute Needed
Personal Leave (Without Pay)    Vacation Leave	uie	ote: This leave does not constitute any individual would normally receive for the	salary in addition to that which ne dates indicated herein.
Other Compensatory Time (non-exempt of	tation)	Per Diem	☐ Meals
Number of Hours Requested 23, 25	employees only)	Hegistration	Se (Single Room Rate)
Purpose/Benefit (DO NOT use acronyms) Choolong	1917	id trip	
Destination VVOSNING TON DC			
PÉGINNING PÉGINNING		ENDING	
Time DO AMPM		- 3	0
Day of Mys Date 219 20	Day of Week	Time AMOL	223/20
SOURCE O	FFUNDS		2 4 4 4 4
SUBSTITUTE CHARGED TO:		TRAVEL EXPENSE CHARG	GED TO:
FUND FUNCTION OBJECT CENTER PROJECT	FUND	CINOTION OF THE	ENTER PROJECT
Signature of Applicant		Date	1/25
FOR OFFICE USE ONLY:	NOT APPROV	ED OI	
Site Administrator/Supervisor TMM TMML		Date	
Project Director (If applicable)	ž. Lidoja iz	Date	
			The second secon
O BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED N	WITH THE DE		
This leave constitutes hour(s) for the regular employee listed		GULAK PAYROLL,	
Name of substitute(s) (if any):  Amount of Time substituting:			
		hours:	_ days.
		hours:	_ days.
			_ auyo.

SO-Per-025 November 2020 Reorder from Printing

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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 payroil.

LAST NAME (Print or Type) FIRST				
Pearce Dana	INITIAL EMPLOYEE I.D. NUMBER 6396			
Principal	SCHOOL/COST CENTER SILK OLG			
EACEPL III THE CASE OF AN EMERGENCY All leave attacks				
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	e is requested: With Pay			
O Sick Leave O Worker's Comp O Personal Leave (charged to Sick Ly.) O Military Leave	*Note: This leave does not constitute any salary in addition to that which			
Personal Leave (Without Pay) Uscation Leave	the individual would normally receive for the dates indicated herein.			
O Other Compensatory Time (non-exempt	entation)			
Number of Hours Requested 23.35	— Police (unigle nobili nais)			
Purpose/Benefit (DO NOT use acronyms) Charper Dive	Field Trip			
Destination Washington DC				
BEGINNING	ENDING			
Day of Tane 7.50 AIM PM	TimeAM_3:00 PM			
Week Nurs. Date 2 1912	Day of Week Monday Date 2/23/24			
SOURCE OF FUNDS				
SUBSTITUTE CHARGED TO:  FUND FUNCTION OBJECT CENTER PROJECT	TRAVEL EXPENSE CHARGED TO:			
FUND FUNCTION OBJECT CENTER PROJECT	FUND FUNCTION OBJECT CENTER PROJECT			
X Signature of Applicant Lance	Date 9/22/25			
FOR OFFICE USE ONLY:  She Administrator/Supervisor:  A property of NOT APPROVED  On She Administrator/Supervisor:				
Project Tilrector (franciidable)				
	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.			
	- Augus			

DISTRIBUTION:
Whilte : 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 regular payroll.

LAST NAME (Print of Type) / FIRST		
Taatte Kyra	INITIAL EMPLOYEE I.D. NUMBER 08398	
Endar Coach	SCHOOL/COST CENTER	
Except in the dase of an emergency, all leave, other than sick leave	must be approved in advance. If the	
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 completed upon return within five (5) working days.		
completed upon return within five (5) working days.  TO BE COMPLETED BY APPLICANT:	the pro-plantied, this form must be	
I haushing the Property of the Control of the Contr		
☐ Sick Leave	is requested: With Pay	
☐ Sick Leave ☐ Worker's Comp ☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave	"Note: This leave does not constitute any salary in addition to that which	
D Personal Leave (Without Pay)    Vacation Leave	the individual would normally receive for the dates indicated herein	
☐ Professional Leave Temporary Duty (Attach documer	itation)	
Compensatory Time (non-exempt	employees only)    Registration	
Number of Hours Requested 23 - 25		
Purpose/Benefit (DO NOT use acronyms)	0.10. 1. 01 7	
1. )	one field trip	
Destination Washington DC	0	
BEGINNING	ENDING /	
Time 655 AM PM	Time AM 2 40 PM	
Day of Week Date 2/19/20	Day of Man	
SOURCE OF FUNDS  SOURCE OF FUNDS		
SUBSTITUTE CHARGED TO:		
FIND FUNCTION OF FOR	TRAVEL EXPENSE CHARGED TO:	
FUND FUNCTION OBJECT CENTER PROJECT	FUND FUNCTION OBJECT CENTER PROJECT	
X Signature of Applicant DA / Coffe	Date 9/22/25	
FOR OFFICE USE ONLY: // // APPROVED		
Site Administrator/Supervisor	NOT APPROVED	
· 유럽 사람들은 1일	Date 1/32 %	
Project Director (if applicable)	Date	
TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED	WITH THE REGULAR PAYROLL	
H (ANNONE) HER		
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.	

DISTRIBUTION:
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Pink: Applicant
Gold: Site Administrator