

**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) Jensen	FIRST Anna	INITIAL	EMPLOYEE I.D. NUMBER 08092
POSITION Director of ESE			SCHOOL/COST CENTER ESE - 9005

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

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

- | | | |
|---------------------------------------|---|--------------------------------|
| <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 32

Purpose/Benefit (DO NOT use acronyms) CASE Conference in Oklahoma City, OK

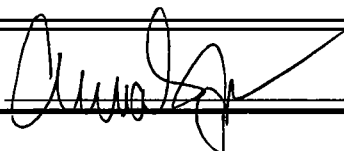
Destination _____

BEGINNING		ENDING	
Time <u>8:00</u> AM _____ PM		Time _____ AM <u>4:00</u> PM	
Day of Week <u>Tuesday</u> Date <u>11/4/25</u>		Day of Week <u>Saturday</u> Date <u>11/8/25</u>	

SOURCE OF FUNDS

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

☒ Signature of Applicant



Date

8-12-25

FOR OFFICE USE ONLY:

☒ APPROVED

☐ NOT APPROVED

Site Administrator/Supervisor



Date

8/25/25

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.

DISTRIBUTION:

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