

**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) Cropley		FIRST Lisa	INITIAL	EMPLOYEE I.D. NUMBER 02717
POSITION Exec. Dir. of Student Support Operations			SCHOOL/COST CENTER Academic Svc	

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	*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"/> 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)	

☐ Per Diem ☒ Mileage ☒ Meals
☒ Registration ☒ Hotel Expense (Single Room Rate)

Number of Hours Requested 40

Purpose/Benefit (DO NOT use acronyms) LRP National Institute Special Ed Law Conference in Phoenix, AZ

Destination _____

BEGINNING				ENDING			
Time <u>8:00</u>	AM	PM		Time	AM	PM	
Day of Week <u>Sunday</u>	Date <u>4/27/25</u>			Day of Week <u>Thursday</u>	Date <u>5/1/25</u>		

SOURCE OF FUNDS

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

☒ Signature of Applicant *Lisa Cropley* Date 12/18/24

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor <u><i>[Signature]</i></u>	Date <u>12/19/24</u>	
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.

**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) Doran	FIRST Stephanie	INITIAL	EMPLOYEE I.D. NUMBER 12207
POSITION Director of Exceptional Student Education			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"/> 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)
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***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 40

Purpose/Benefit (DO NOT use acronyms) LRP National Institute Special Ed Law Conference in Phoenix, AZ

Destination _____

BEGINNING	ENDING
Time <u>8:00</u> AM _____ PM Day of Week <u>Sunday</u> Date <u>4/27/25</u>	Time _____ AM <u>4:00</u> PM Day of Week <u>Thursday</u> Date <u>5/1/25</u>

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">FUND</th> <th style="width:15%;">FUNCTION</th> <th style="width:15%;">OBJECT</th> <th style="width:15%;">CENTER</th> <th style="width:15%;">PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT						TRAVEL EXPENSE CHARGED TO: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">FUND</th> <th style="width:15%;">FUNCTION</th> <th style="width:15%;">OBJECT</th> <th style="width:15%;">CENTER</th> <th style="width:15%;">PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT					
FUND	FUNCTION	OBJECT	CENTER	PROJECT																	
FUND	FUNCTION	OBJECT	CENTER	PROJECT																	

x Signature of Applicant *Stephanie Doran* Date 12/2/24

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor	<u><i>[Signature]</i></u>	Date	_____
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.

**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) Wilson	FIRST Carne	INITIAL A	EMPLOYEE I.D. NUMBER 08872
POSITION Supervisor of School Counselors			SCHOOL/COST CENTER Aca Svcs

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 ☐ Worker's Comp

☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave

☐ Personal Leave (Without Pay) ☐ Vacation Leave

☐ Professional Leave ☒ Temporary Duty (Attach documentation)

☐ Other _____ ☐ 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 40

Purpose/Benefit (DO NOT use acronyms) Attend LRP Conference Phoenix AZ

Destination per Board approval

BEGINNING				ENDING			
Day of Week	Time	Date		Day of Week	Time	Date	
Sunday	8 AM	4/27/25		Thursday	4 PM	5/1/25	

SOURCE OF FUNDS

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

X Signature of Applicant Carne A. Wilson Date _____

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor		Date	_____
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.