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) FIRST	INITIAL	EMPLOYEE I.D. NUMBER
Cropley Lisa		02717
POSITION		SCHOOL/COST CENTER
Exec. Dir. of Student Support Operations	<u> </u>	Academic Svc
Except in the case of an emergency, all leave, other than sick leave, n pre-planned (i.e. doctor's appointment), it must be pre-approved. For 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.) □ Milltary Leave □ Personal Leave (Without Pay) □ Vacation Leave		Note: This leave does not constitute any salary in addition to that which ne Individual would normally receive for the dates Indicated herein.
Professional Leave Professional Leave Temporary Duty (Attach documenta Other Compensatory Time (non-exempt e		 Per Diem Mileage Meals Registration Hotel Expense (Single Room Rate)
Number of Hours Requested		·
Purpose/Benefit (DO NOT use acronyms) LRP National Institute S	Special E	d Law Conference in Phoenix, AZ
Destination		
BEGINNING		ENDING
Time X:00 AM PM		Time AM 4:00 PM
Day of Sunday Date4/27/25	Day of 1 Week	hursday Date 5/1/25
SOURCE	OF FUNDS	
SUBSTITUTE CHARGED TO:	FUI	TRAVEL EXPENSE CHARGED TO:
X Signature of Applicant Cloplan		
FOR OFFICE USE ONLY: APPROVED Site Administrator/Supervisor APPROVED Project Director (If applicable)		ROVED DateDate
TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTE	D WITH TH	E REGULAR PAYROLL.
This leave constitutes hour(s) for the regular employee list Name of substitute(s) (If any):	ted above.	Amount of Time substituting:
		hours: days.
		hours: days.

SO-Per-025 October 2008 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 payroll.

LAST NAME (Print or Type) Jensen	FIRST Anna	INITIAL	EMPLOYEE I.D. NUMBER	
	Allila			
POSITION Director of Exceptional Studen	t Education		SCHOOL/COST CENTER ESE/9005	
•	tment), it must be pre-approved. For e (5) working days. T: This leave is U Worker's Comp	r sick leave a s requested:	Proved in advance, if the request for sick leave is absences that are not pre-planned, this form must be With Pay U Without Pay U Substitute Needed Note: This leave does not constitute any salary in addition to that which he individual would normally receive for the dates indicated herein.	
Professional Leave	Temporary Duty (Attach document		🗇 Per Diem 🛛 🗐 Mileage 🕥 Meals	
Other	Compensatory Time (non-exempt	employees only)	Registration Hotel Expense (Single Room Rate)	
Number of Hours Requested	40			
Purpose/Benefit (DO NOT use acrony	ms) LRP National Institute S	Special E	d Law Conference in Phoenix, AZ	
Destination				
BEG	INNING		ENDING	
	AM PM		Time AM_4:00 PM	
Day of Sunday	Date4/27/25	Day of Week TI	hursday Date 5/1/25	
	SOURCE	OF FUNDS		
	CHARGED TO:		TRAVEL EXPENSE CHARGED TO:	
FUND FUNCTION OBJE	CT CENTER PROJECT		ND FUNCTION OBJECT CENTER PROJECT	
X Signature of Applicant				
FOR OFFICE USE ONLY: Dete Dot APPROVED Date Date				
Project Director (if applicable)				
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.	
			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 payroll.

······				
LAST NAME (Print or Type)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER	
Doran	Stephanie		12207	
POSITION			SCHOOL/COST CENTER	
Director of Exceptional Studer	nt Education		ESE/9005	
pre-planned (i.e. doctor's appoir	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	s requested:	With Pay D Without Pay D Substitute Needed	
			Note: This leave does not constitute any salary in addition to that which e Individual would normally receive for the dates Indicated herein.	
Professional Leave Other	 Temporary Duty (Attach document Compensatory Time (non-exempted) 	-	 Per Diem Mileage Meals Registration Hotel Expense (Single Room Rate) 	
Number of Hours Requested		-		
Purpose/Benefit (DO NOT use acron	_{yms)} <u>LRP National Institute</u>	<u>Special E</u>	d Law Conference in Phoenix, AZ	
Destination				
BEG	INNING		ENDING	
Time 8:00	AM PM		Time AM_4:00 PM	
Day of Sunday Date 4/27/25		Day of Week Thursday Date 5/1/25		
	SOURCE	OF FUNDS		
SUBSTITUTE	CHARGED TO:		TRAVEL EXPENSE CHARGED TO:	
			D FUNCTION OBJECT CENTER PROJECT.	
× Signature of Applicant				
FOR OFFICE USE ONLY: Image: Contract of the project Director (if applicable) Site Administrator/Supervisor Image: Contract of the project Director (if applicable)				

т	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.		

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 payroll.

LAST NAME (Print or Type)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER	
Wilson	Carne	A	08872	
POSITION Supervisor of	School Counse	alairs	SCHOOL/COST CENTER	
upervisor of			Aca Svcs	
Except in the case of an emergency, al pre-planned (i.e. doctor's appointment) completed upon return within five (5) w), it must be pre-approved. F		proved in advance. If the request for sick leave is absences that are not pre-planned, this form must be	
TO BE COMPLETED BY APPLICANT:				
I hereby apply for:		is requested;	With Pay D Without Pay D Substitute Needed	
Personal Leave (charged to Sick Lv.)	J Worker's Comp J Military Leave J Vacalion Leave		Note: This leave does not constitute any salary in addition to that which he individual would normally receive for the dates indicated herein.	
	Temporary Duty (Altach docum	entalion)	Per Diem Mileage Meals	
	Compensatory Time (non-exem		🗇 Registration 🛛 Hotel Expense (Single Room Rate)	
Number of Hours Requested 40 Purpose/Benefit (DO NOT use acronyms) Attend IRP Conference Phoenix AZ				
Destination Per Board appròval				
Destination grand grand approval				
BEGINNIN	G		ENDING	
Day of Contract Sunday Date	<u> </u>	Day of 🛩 Week	TimeAM_4M ThursdayDate5/1/25	
SOURCE OF FUNDS				
SUBSTITUTE CHAR	GED TO:		TRAVEL EXPENSE CHARGED TO:	
FUND FUNCTION OBJECT	CENTER PROJECT	FUN	ND FUNCTION OBJECT CENTER PROJECT	
X Signature of Applicant and A. Wilson Date				

FOR OFFICE USE ONLY: Sile Administrator/Supervisor	, Ø	APEROVED			
Project Director (if applicable	11			Date	an a
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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,		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		

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

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