

**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) <b>Schwefringhaus</b>	FIRST <b>Hunter</b>	INITIAL <b>R</b>	EMPLOYEE I.D. NUMBER <b>17234</b>
POSITION <b>Teacher</b>			SCHOOL/COST CENTER <b>WWHS</b>

**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 \_\_\_\_\_

Purpose/Benefit (DO NOT use acronyms) NYC Field Teip

Destination New York

BEGINNING		ENDING	
Time <u>6:00</u> AM _____ PM	Time _____ AM <u>9:00</u> PM	Day of Week <u>Tuesday</u>	Day of Week <u>Monday</u>
Date <u>10/14/2025</u>	Date <u>10/20/2025</u>		

**SOURCE OF FUNDS**

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

X Signature of Applicant Hunter Schwefringhaus Date 07/14/2025

<b>FOR OFFICE USE ONLY:</b>	
<input checked="" type="checkbox"/> APPROVED Site Administrator/Supervisor <u>[Signature]</u>	<input type="checkbox"/> NOT APPROVED Date <u>7/21/25</u>
Project Director (if applicable) _____	Date _____

<b>TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.</b>	
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.