

**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>Beyerl</b>	FIRST <b>Barry</b>	INITIAL <b>L</b>	EMPLOYEE I.D. NUMBER <b>05624</b>
POSITION <b>Teacher</b>			SCHOOL/COST CENTER <b>NCT</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"/> 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 **38.75**

Purpose/Benefit (DO NOT use acronyms) \_\_\_\_\_

Destination **Charlotte North Carolina**

BEGINNING		ENDING	
Time <b>7</b> AM <b>3</b> PM	Time <b>7</b> AM <b>3</b> PM	Day of Week <b>Sunday</b>	Day of Week <b>Thursday</b>
Date <b>7/16/23</b>	Date <b>7/20/23</b>	Date <b>7/20/23</b>	Date <b>7/20/23</b>

**SOURCE OF FUNDS**

**SUBSTITUTE CHARGED TO:**

**TRAVEL EXPENSE CHARGED TO:**

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant **Barry Beyerl** Date **3/1/23**

**FOR OFFICE USE ONLY:**

☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor **William Noyes** Date **3/2/23**

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.