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
Arshi	Asiya		17746

POSITION	SCHOOL/COST CENTER
Teacher	SHS

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
- ☐ Personal Leave (charged to Sick Lv.)
- ☐ Personal Leave (Without Pay)
- ☐ Professional Leave
- ☐ Other _____

- ☐ Worker's Comp
- ☐ Military Leave
- ☐ Vacation Leave
- ☒ Temporary Duty (Attach documentation)
- ☐ 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
- ☐ Registration
- ☐ Mileage
- ☐ Hotel Expense (Single Room Rate)
- ☐ Meals

Number of Hours Requested 36

Purpose/Benefit (DO NOT use acronyms) Fl Envirothon

Destination Ft. Lauderdale, FL

BEGINNING	ENDING
Time 7:10 AM ___ PM	Time ___ AM 7:00 PM
Day of Week Friday Date 4/10/2026	Day of Week Saturday Date 4/11/2026

SOURCE OF FUNDS

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

X Signature of Applicant _(signature)_   Date 3/4/2026

FOR OFFICE USE ONLY: ☒ APPROVED   ☐ NOT APPROVED

Site Administrator/Supervisor _Dara Pierce_   Date 3/5/26

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.

SO-Per-025
November 2020
Reorder from Printing

HERNANDO COUNTY SCHOOL DISTRICT
Leave of Absence Form

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LAST NAME (Print or Type)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER
Fisher	Shawn		15575

POSITION	SCHOOL/COST CENTER
Teacher	SHS /181

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.

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This leave is requested: ☑ With Pay   ☐ Without Pay   ☑ Substitute Needed

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- ☐ Personal Leave (charged to Sick Lv.)
- ☐ Personal Leave (Without Pay)
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- ☐ Other _____
- ☐ Worker's Comp
- ☐ Military Leave
- ☐ Vacation Leave
- ☒ Temporary Duty (Attach documentation)
- ☐ 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 _____ 36

Purpose/Benefit (DO NOT use acronyms) _____ Envirothon _____

Destination _____ Ft. Lauderdale, Fl _____

BEGINNING	ENDING
Time 6 AM _____ PM	Time _____ AM 6 PM
Day of Week Fri Date 4/10/26	Day of Week Sat Date 4/11/26

SOURCE OF FUNDS

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

X Signature of Applicant _____ S.B. _____   Date 3/4/26

FOR OFFICE USE ONLY: ☑ APPROVED   ☐ NOT APPROVED

Site Administrator/Supervisor _____ Dana Pearce _____   Date 3/5/26

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.