

**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) <i>Bergen</i>		FIRST <i>Jeremy</i>	INITIAL	EMPLOYEE I.D. NUMBER <i>17969</i>
POSITION <i>Vehicle Tech</i>		SCHOOL/COST CENTER <i>Transportation</i>		

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.

<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)
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Number of Hours Requested 40.00

Purpose/Benefit (DO NOT use acronyms) Ic Bus University Training

Destination Pulsa, Oklahoma

BEGINNING		ENDING	
Time <u> </u> AM <u> </u> PM	Day of Week <u>Monday</u> Date <u>7/8/24</u>	Time <u> </u> AM <u> </u> PM	Day of Week <u>Friday</u> Date <u>7/12/24</u>

SOURCE OF FUNDS

<p align="center">SUBSTITUTE CHARGED TO:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>FUND</th> <th>FUNCTION</th> <th>OBJECT</th> <th>CENTER</th> <th>PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT						<p align="center">TRAVEL EXPENSE CHARGED TO:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>FUND</th> <th>FUNCTION</th> <th>OBJECT</th> <th>CENTER</th> <th>PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	FUNCTION	OBJECT	CENTER	PROJECT					
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X Signature of Applicant *Jeremy Bergen* Date 7/19/24

FOR OFFICE USE ONLY:	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED Site Administrator/Supervisor <u><i>RL clear</i></u> Date <u>4/19/24</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.