

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) Earnest	FIRST Amy	INITIAL L	EMPLOYEE I.D. NUMBER 14775
POSITION Teacher			SCHOOL/COST CENTER WWHJ

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
☐ Mileage
☐ Meals
☐ Registration
☐ Hotel Expense (Single Room Rate)

Number of Hours Requested **23.25 School Hours (Trip is 4/10/25 4am to 4/14/25 10pm)**

Purpose/Benefit (DO NOT use acronyms) **Carnegie Hall Trip**

Destination **New York City**

BEGINNING		ENDING	
Time 6:50 AM _____ PM	Time _____ AM 10pm PM	Day of Week Thursday Date 4/10/25	Day of Week 4/14/25 Monday Date Monday

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant **Amy Earnest** Date **2/7/25**

FOR OFFICE USE ONLY:

☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor **[Signature]** Date **2/10/25**

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.

**HERNANDO COUNTY SCHOOL DISTRICT
Leave of Absence Form**

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LAST NAME (Print or Type) Judson	FIRST Bridgit	INITIAL F	EMPLOYEE I.D. NUMBER 18635
POSITION Teacher			SCHOOL/COST CENTER WINHS

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 **4/10/25 7am-4/14/25 10pm 23.25 School Hours**

Purpose/Benefit (DO NOT use acronyms) **Carnegie Hall Field Trip 2025**

Destination **New York City - DoubleTree by Hilton NY Times Square West**

BEGINNING	ENDING
Time _____ AM _____ PM	Time _____ AM _____ PM
Day of Week _____ Date _____	Day of Week _____ Date _____

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant **[Signature]** Date **2/7/25**

FOR OFFICE USE ONLY:

☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor **[Signature]** Date **2/10/25**

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.