

**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) Skipper	FIRST James	INITIAL P	EMPLOYEE I.D. NUMBER 8265
POSITION CTE Teacher			SCHOOL/COST CENTER WWHS

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 checked="" type="checkbox"/> Meals |
| <input checked="" type="checkbox"/> Registration | <input checked="" type="checkbox"/> Hotel Expense (Single Room Rate) | |

Number of Hours Requested _____

Purpose/Benefit (DO NOT use acronyms) **Certipart Certified Conference**

Destination **Nashville, TN.**

BEGINNING		ENDING	
Time 9 AM _____ PM		Time _____ AM 6 PM	
Day of Week Sunday Date June 14, 2026		Day of Week Wed Date June 17, 2026	

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

Signature of Applicant Date **4/16/26**

FOR OFFICE USE ONLY: APPROVED NOT APPROVED

Site Administrator/Supervisor Date **4/29/26**

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.