

**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) <u>TOLER</u>		FIRST <u>William (Bill)</u>	INITIAL <u>S.</u>	EMPLOYEE I.D. NUMBER <u>05329</u>
POSITION <u>ELEMENTARY PE COACH @ CK8</u>		<u>SPRINGSTEAD</u> <u>BIGIRLS CC COACH</u>		SCHOOL/COST CENTER

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:

<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)	This leave is requested: <input checked="" type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Substitute Needed  <small>*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.</small>
--	---	--

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

Number of Hours Requested \_\_\_\_\_

Purpose/Benefit (DO NOT use acronyms) Cross Country Invitational race

Destination North Port High School - North Port FL

BEGINNING			ENDING		
Time _____ AM _____ PM	Day of Week _____	Date _____	Time _____ AM _____ PM	Day of Week _____	Date _____
Time <u>5</u> AM _____ PM	Day of Week <u>FRI</u>	Date <u>9/19/25</u>	Time _____ AM <u>2</u> PM	Day of Week <u>SAT</u>	Date <u>9/20/25</u>

SOURCE OF FUNDS					
SUBSTITUTE CHARGED TO:					
FUND	FUNCTION	OBJECT	CENTER	PROJECT	
TRAVEL EXPENSE CHARGED TO:					
FUND	FUNCTION	OBJECT	CENTER	PROJECT	

X Signature of Applicant W. S. Toler Date 8/11/2025

Coach Bill Toler

FOR OFFICE USE ONLY		APPROVED	NOT APPROVED
Site Administrator/Supervisor		<u>Dana Pearce</u>	Date _____
Project Director (if applicable)		_____	Date _____

Dana Pearce

**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**

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

LAST NAME (Print or Type) <b>Mance</b> FIRST <b>K</b> INITIAL		EMPLOYEE I.D. NUMBER <b>15113</b>
POSITION <b>PE</b>		SCHOOL/COST CENTER <b>SHS/0181</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"/> 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 type="checkbox"/> Temporary Duty (Attach documentation) <input type="checkbox"/> Compensatory Time (non-exempt employees only)	<div style="border: 1px solid black; padding: 2px; font-size: small;"> <b>*Note:</b> This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.       </div> <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 \_\_\_\_\_

Purpose/Benefit (DO NOT use acronyms) **Cross Country Meet**

Destination **Cross Country Meet - North Port**

BEGINNING		ENDING	
Time <b>5:00</b> AM <b>PM</b> PM	Day of Week <b>Friday</b> Date <b>8/19/25</b>	Time <b>2:00</b> AM <b>PM</b> PM	Day of Week <b>Sat</b> Date <b>9/20/25</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 **Kara Mance** Date **8/11/25**

<b>FOR OFFICE USE ONLY:</b>	
<input checked="" type="checkbox"/> APPROVED Site Administrator/Supervisor <b>Dana Pearce</b> Date <b>8/11/25</b>	<input type="checkbox"/> NOT APPROVED
Project Director (if applicable) _____	Date _____

<b>TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.</b>	
This leave constitutes _____ hour(s) for the regular employee listed above.	
Name of substitute(s) (if any): _____ _____	Amount of Time substituting: _____ _____ hours: _____ days.



**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) <u>Danchise Robyn</u>		FIRST	INITIAL	EMPLOYEE I.D. NUMBER <u>17783</u>
POSITION <u>Guidance Counselor</u>		SCHOOL/COST CENTER <u>0181 SHS</u>		

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:

<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Worker's Comp	*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"/> 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 type="checkbox"/> Temporary Duty (Attach documentation)	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Compensatory Time (non-exempt employees only)	

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

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

Number of Hours Requested \_\_\_\_\_

Purpose/Benefit (DO NOT use acronyms) Cross Country Invite

Destination North Port High School - North Port FL

BEGINNING		ENDING	
Time <u>5:00</u> AM <u>PM</u>		Time <u>2:00</u> AM <u>PM</u>	
Day of Week <u>Friday</u>	Date <u>9/19/25</u>	Day of Week <u>Saturday</u>	Date <u>9/20/25</u>

**SOURCE OF FUNDS**

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

X Signature of Applicant Robyn Danchise Date 8/11/2025

<b>FOR OFFICE USE ONLY:</b>	
Site Administrator/Supervisor <u>Daner Pearce</u>	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED Date _____
Project Director (if applicable) _____	Date _____

<b>TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.</b>	
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.