



## Fw: Your Time Off Request has been approved.

**From:** Brian Ragan <ragan\_b@hcsb.k12.fl.us>  
**Date:** Mon 2025-12-08 6:53 AM  
**To:** Edith Gutierrez <gutierrez\_e@hcsb.k12.fl.us>

Brian Ragan  
Director of Facilities & Construction  
352-797-7050 EXT 71428



**From:** michalicka\_g@hcsb.k12.fl.us <michalicka\_g@hcsb.k12.fl.us>  
**Sent:** Friday, December 5, 2025 8:20 AM  
**Cc:** Brian Ragan <ragan\_b@hcsb.k12.fl.us>  
**Subject:** Your Time Off Request has been approved.

CAUTION: This email originated from outside of the Hernando County School District. Do not click links or open attachments unless you recognize the sender and know the content is safe.

### Time Off Request Details

=====

Name: KELLY A DOWNEY  
Employee Type: 62 - PTS Ex 249 P1E  
Start Date: 02/02/26  
Start Time: 8:00 AM  
Days/Hours: 8 hr 0 min  
Description: VS Furniture Experience Days  
Group: NOT ON STUB  
Time Off Code: TEMPORARY DUTY  
Reason: TEMP DUTY

### Time Off Request Approval History

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Date		Time		Event
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12/01/25 | | Time Off Request Created.

12/01/25 | 9:41 AM |Approved by SELIENA R BURNS

Notes:

12/01/25 | 9:49 AM |Approved by GLORIA JEAN JEDINAK

Notes:

12/05/25 | 8:20 AM |Approved by GINA D MICHALICKA

Notes:

### Employee Access URL:

<https://skyward.iscorp.com/scripts/wsisa.dll/WSService=wsfinhernandocofl/seelog01.w>

Message:

Click the link below or copy it to your browser's address bar to add this scheduled time off to your local calendar.

<https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsfinhernandocofl/qcalrproc001.p?id=174442&enc=bZhYibMipMnliBmb&type=timeoff>

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District: Hernando County School District

District Web Site: <https://www.hernandoschools.org/>

State: FL

District Code: 27

ERP/Finance Production

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12/05/25 | 8:20 AM |Approved by GINA D MICHALICKA

Notes:

### Employee Access URL:

<https://skyward.iscorp.com/scripts/wsisa.dll/WSService=wsfinhernandocofl/seelog01.w>

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<https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsfinhernandocofl/qcalrproc001.p?id=174443&enc=cyNcdaKYdcPcfij&type=timeoff>

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ERP/Finance Production

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**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
Harrin	Joseph	S	11787
POSITION	SCHOOL/COST CENTER HHS/0051		
Teacher			

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:

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)

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

This leave is requested:  With Pay     Without Pay     Substitute Needed

\*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.

Number of Hours Requested 15.5

Purpose/Benefit (DO NOT use acronyms)

Attend VS Experience days as part of FF+E Committee

Destination Charlotte NC

BEGINNING			ENDING		
Day of Week	Time _____	AM _____ PM _____	Day of Week	Time _____	AM _____ PM _____
Sund	Date <u>1/31/25</u>		Tues	Date <u>2/3/25</u>	

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

Signature of Applicant DJ

Date 12/11/25

**FOR OFFICE USE ONLY:**

APPROVED

NOT APPROVED

Site Administrator/Supervisor Lucille Brown

Date 12/12/25

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: \_\_\_\_\_



## Fw: Your Time Off Request has been approved.

**From** Beth Lastra <lastra\_b@hcsb.k12.fl.us>  
**Date** Sun 2025-12-14 9:37 PM  
**To** Edith Gutierrez <gutierrez\_e@hcsb.k12.fl.us>

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**From:** michalicka\_g@hcsb.k12.fl.us <michalicka\_g@hcsb.k12.fl.us>  
**Sent:** Sunday, December 14, 2025 9:29:35 PM  
**To:** Beth Lastra <lastra\_b@hcsb.k12.fl.us>  
**Subject:** Your Time Off Request has been approved.

CAUTION: This email originated from outside of the Hernando County School District. Do not click links or open attachments unless you recognize the sender and know the content is safe.

### Time Off Request Details

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Name: LAURA ELIZABETH LASTRA  
Employee Type: 62 - PTS Ex 249 P1E  
Start Date: 02/02/26  
Start Time: 8:00 AM  
Days/Hours: 8 hr 0 min  
Description: VS Experience Days in Charlotte  
Group: NOT ON STUB  
Time Off Code: TEMPORARY DUTY  
Reason: TEMP DUTY

### Time Off Request Approval History

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Date	Time	Event
12/10/25		Time Off Request Created.

12/12/25 | 8:25 AM |Approved by SELIENA R BURNS

Notes:

12/12/25 | 10:12 AM |Approved by GLORIA JEAN JEDINAK

Notes:

Notes:

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Employee Access URL:

<https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsfinhernandocofl/seplog01.w>

Message:

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<https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsfinhernandocofl/qcalrproc001.p?id=176540&enc=jmbhaljyclSijaj&type=timeoff>

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District Web Site: <https://www.hernandoschools.org/>

State: FL

District Code: 27

ERP/Finance Production

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Name: LAURA ELIZABETH LASTRA  
Employee Type: 62 - PTS Ex 249 P1E  
Start Date: 02/03/26  
Start Time: 8:00 AM  
Days/Hours: 8 hr 0 min  
Description: VS Experience Days in Charlotte  
Group: NOT ON STUB  
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Notes:

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12/12/25 | 10:12 AM |Approved by GLORIA JEAN JEDINAK

Notes:

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Notes:

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Employee Access URL:

<https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsfinhernandocofl/seplog01.w>

Message:

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**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
Slusser	Kelly	J.	11978
POSITION	SCHOOL/COST CENTER Principal 0251		

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:

Sick Leave  Worker's Comp  
 Personal Leave (charged to Sick Lv.)  Military Leave  
 Personal Leave (Without Pay)  Vacation Leave  
 Professional Leave  Temporary Duty (Attach documentation)  Per Diem  Mileage  Meals  
 Other  Compensatory Time (non-exempt employees only)  Registration  Hotel Expense (Single Room Rate)

This leave is requested:  With Pay  Without Pay  Substitute Needed

**Note:** This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.

Number of Hours Requested 24 hours

Purpose/Benefit (DO NOT use acronyms) OUT of state travel - Furniture Committee

Destination North Carolina

BEGINNING		ENDING							
Day of Week	Time <u>8:00</u> AM <u>PM</u>	Day of Week	Time <u>4:00</u> AM <u>PM</u>						
Sunday	Date <u>2/1/20</u>	Wednesday	Date <u>2/4/20</u>						
SOURCE OF FUNDS									
SUBSTITUTE CHARGED TO:					TRAVEL EXPENSE CHARGED TO:				
FUND	FUNCTION	OBJECT	CENTER	PROJECT	FUND	FUNCTION	OBJECT	CENTER	PROJECT

Signature of Applicant Kelly Slusser

Date 12/1/20

FOR OFFICE USE ONLY	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor	<u>Shylock</u>	
Pre-adj. 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.

**DISTRIBUTION:**  
 White : Payroll  
 Yellow : Applicant (Attach to Travel Reimbursement form)  
 Pink : Applicant  
 Gold : Site Administrator