

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
=====

Date	Time	Event
12/01/25		Time Off Request Created.
12/01/25	9:41 AM	Approved by SELIENA R BURNS
12/01/25	9:49 AM	Approved by GLORIA JEAN JEDINAK
12/05/25	8:20 AM	Approved by GINA D MICHALICKA

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

District: Hernando County School District
District Web Site: <https://www.hernandoschools.org/>
State: FL
District Code: 27

ERP/Finance Production

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Notes:		

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

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

District: Hernando County School District
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State: FL
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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) <i>Harrin</i>	FIRST <i>Joseph</i>	INITIAL <i>S</i>	EMPLOYEE I.D. NUMBER <i>11787</i>
POSITION <i>Teacher</i>			SCHOOL/COST CENTER <i>HHS/0051</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"/> 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 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 *15.5*

Purpose/Benefit (DO NOT use acronyms) *Attend VS Experience days as part of FF+E Comm.Hr.*

Destination *Charlotte NC*

BEGINNING				ENDING			
Day of Week	Time	AM	PM	Day of Week	Time	AM	PM
<i>Sund</i>				<i>Tues</i>			
Date	<i>1/31/24</i>			Date	<i>2/3/26</i>		

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

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>

Get [Outlook for iOS](#)

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

=====

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

=====

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:		

=====

12/14/25 | 9:28 PM | Approved by GINA D MICHALICKA

Notes:

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=jmbhaljycllSijaj&type=timeoff>

District: Hernando County School District

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

State: FL

District Code: 27

ERP/Finance Production

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12/14/25 | 9:28 PM | Approved by GINA D MICHALICKA

Notes:

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

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LAST NAME (Print or Type) <u>Slusser</u>	FIRST <u>Kelly</u>	INITIAL <u>J.</u>	EMPLOYEE I.D. NUMBER <u>11978</u>
POSITION <u>Principal</u>			SCHOOL/COST CENTER <u>0051</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:

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 24 hours

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

Destination North Carolina

BEGINNING		ENDING	
Time <u>8:00</u> AM _____ PM		Time _____ AM <u>4:00</u> PM	
Day of Week <u>Sunday</u> Date <u>2/1/26</u>		Day of Week <u>Wednesday</u> Date <u>2/4/26</u>	

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:				
FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:				
FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant Kelly Slusser

Date 12/1/26

FOR OFFICE USE ONLY:

Site Administrator/Supervisor <u>[Signature]</u> Date <u>12/3/26</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,
 _____ hours: _____ days.