

**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>Ali-Carr</i>	FIRST <i>Dawn</i>	INITIAL <i>C</i>	EMPLOYEE I.D. NUMBER <i>12571</i>
POSITION <i>Instructional</i>			SCHOOL/COST CENTER <i>WWHS</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 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 *22.5*

Purpose/Benefit (DO NOT use acronyms) *Yearbook Training Camp*

Destination *St Petersburg*

BEGINNING		ENDING	
Time <i>7:00</i> AM _____ PM _____	Time _____ AM <i>12:00</i> PM _____	Day of Week <i>Wednesday</i>	Day of Week <i>Friday</i>
Date <i>18 June</i>	Date <i>20 June</i>		

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant *Dawn Ali-Carr* Date *16 May 2025*

FOR OFFICE USE ONLY:

☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor *[Signature]* Date *5/16/25*

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.