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
Kolasa	Jill		7291
POSITION			**SCHOOL/COST CENTER**
Director of Student Services			Student Services

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

- ☐ 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)

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

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

Number of Hours Requested 40

Purpose/Benefit (DO NOT use acronyms) attend IATDP Conference

Destination Corpus Christi, TX

BEGINNING	ENDING
Time 7 AM ____ PM	Time ____ AM 7 PM
Day of Week Saturday Date 10/17/26	Day of Week 10/21/Wednesday Date 10/21/26

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

✗ Signature of Applicant Jill Kolasa Date 8/21/26

FOR OFFICE USE ONLY: ☐ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor _____ Date _____

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.

SO-Per-025
November 2020
Reorder from Printing

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