

**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) Cazanas		FIRST INITIAL David	EMPLOYEE I.D. NUMBER																				
POSITION Boys Varsity Baseball Head Coach		SCHOOL/COST CENTER SHS 0181																					
<p>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.</p> <p>TO BE COMPLETED BY APPLICANT:</p> <p>I hereby apply for: This leave is requested: <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Substitute Needed</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Sick Leave <input type="checkbox"/> Worker's Comp</p> <p><input type="checkbox"/> Personal Leave (charged to Sick Lv.) <input type="checkbox"/> Military Leave</p> <p><input type="checkbox"/> Personal Leave (Without Pay) <input type="checkbox"/> Vacation Leave</p> <p><input type="checkbox"/> Professional Leave <input type="checkbox"/> Temporary Duty (Attach documentation)</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Compensatory Time (non-exempt employees only)</p> </div> <div style="width: 45%; border: 1px solid black; padding: 5px;"> <p>*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <p><input type="checkbox"/> Per Diem <input type="checkbox"/> Mileage <input type="checkbox"/> Meals</p> <p><input type="checkbox"/> Registration <input type="checkbox"/> Hotel Expense (Single Room Rate)</p> </div> </div>																							
Number of Hours Requested _____																							
Purpose/Benefit (DO NOT use acronyms) Boys Varsity Baseball Field Trip																							
Destination Miami																							
<p align="center">BEGINNING</p> <p>Time 10:00 AM AM PM</p> <p>Day of Week 03-20-25 Date _____</p>		<p align="center">ENDING</p> <p>Time 10:00 AM Pm PM</p> <p>Day of Week 3-22-25 Date _____</p>																					
SOURCE OF FUNDS																							
<p align="center">SUBSTITUTE CHARGED TO:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 12.5%;">FUND</th> <th style="width: 12.5%;">FUNCTION</th> <th style="width: 12.5%;">OBJECT</th> <th style="width: 12.5%;">CENTER</th> <th style="width: 12.5%;">PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		FUND	FUNCTION	OBJECT	CENTER	PROJECT						<p align="center">TRAVEL EXPENSE CHARGED TO:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 12.5%;">FUND</th> <th style="width: 12.5%;">FUNCTION</th> <th style="width: 12.5%;">OBJECT</th> <th style="width: 12.5%;">CENTER</th> <th style="width: 12.5%;">PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		FUND	FUNCTION	OBJECT	CENTER	PROJECT					
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<p>x Signature of Applicant David Cazanas</p>		<p>Date 2-26-25</p>																					

FOR OFFICE USE ONLY:	
<p align="center"><input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED</p> <p>Site Administrator/Supervisor Dana Plana Date 2/26/25</p> <p>Project Director (if applicable) _____ Date _____</p>	

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

**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) Beach	FIRST Robert	INITIAL	EMPLOYEE I.D. NUMBER 01672
POSITION Asst. Principal			SCHOOL/COST CENTER SHS - 0181

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 ☐ Worker's Comp

☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave

☐ Personal Leave (Without Pay) ☐ Vacation Leave

☐ Professional Leave ☒ Temporary Duty (Attach documentation)

☐ Other _____ ☐ 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 24

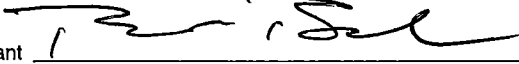
Purpose/Benefit (DO NOT use acronyms) Chaperone - SHS Varsity Baseball - Miami

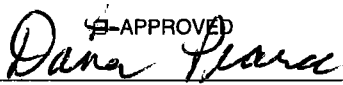
Destination _____

BEGINNING	ENDING
Time <u>11:00</u> AM _____ PM	Time _____ AM <u>7:00</u> PM
Day of Week <u>Thursday</u> Date <u>3-20-2025</u>	Day of Week <u>Saturday</u> Date <u>3-22-2025</u>

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:	TRAVEL EXPENSE CHARGED TO:																				
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X Signature of Applicant  Date 3-3-2025

FOR OFFICE USE ONLY:	
Site Administrator/Supervisor <u></u>	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
Project Director (if applicable) _____	Date <u>3/3/25</u>

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.