

THE SCHOOL BOARD OF HERNANDO COUNTY, FLORIDA

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) Drenth, Lori	FIRST	INITIAL	EMPLOYEE I.D. NUMBER 11621
POSITION Director, Food and Nutrition Services			SCHOOL/COST CENTER 9002

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 checked="" type="checkbox"/> Meals |
| <input type="checkbox"/> Registration | <input checked="" type="checkbox"/> Hotel Expense (Single Room Rate) | |

Number of Hours Requested **30 (7/10, 7/11, 7/12)**

Purpose/Benefit (DO NOT use acronyms) **School Nutrition Association; Annual National Conference**

Destination **Denver, CO**

BEGINNING				ENDING			
Time 7:00 AM _____ PM		Time _____ AM 9:00 PM		Day of Week Saturday		Day of Week Wednesday	
Date 7/8/23		Date 7/12/23					

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant *Lori Drenth* Date *3/7/23*

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor <u><i>Sean Arnold</i></u>		Date <u><i>3/7/23</i></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.

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LAST NAME (Print or Type) <u>Longo</u>	FIRST <u>Holly</u>	INITIAL <u>B</u>	EMPLOYEE I.D. NUMBER <u>16000</u>
POSITION <u>Assistant Director Food & Nutrition</u>			SCHOOL/COST CENTER <u>9002</u>

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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"/> Personal Leave (charged to Sick Lv.)
<input type="checkbox"/> Personal Leave (Without Pay)
<input type="checkbox"/> Professional Leave
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Worker's Comp
<input type="checkbox"/> Military Leave
<input type="checkbox"/> Vacation Leave
<input checked="" type="checkbox"/> Temporary Duty (Attach documentation)
<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 checked="" type="checkbox"/> Meals |
| <input type="checkbox"/> Registration | <input checked="" type="checkbox"/> Hotel Expense (Single Room Rate) | |

Number of Hours Requested 30 (7/10, 7/11, 7/12)

Purpose/Benefit (DO NOT use acronyms) School Nutrition Assoc., Annual Conference

Destination Denver, CO

BEGINNING				ENDING			
Time <u>7:00</u> AM _____ PM _____				Time _____ AM <u>9:00</u> PM _____			
Day of Week <u>Saturday</u>		Date <u>7/8/23</u>		Day of Week <u>Wednesday</u>		Date <u>7/12/23</u>	

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant [Signature] Date 3-7-23

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor <u>[Signature]</u>		Date <u>3/7/23</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.

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LAST NAME (Print or Type) <u>Weaver Jennifer</u>	FIRST <u></u>	INITIAL <u></u>	EMPLOYEE I.D. NUMBER <u>16324</u>
POSITION <u>Marketing / team Dev Proj Mgr. F18</u>			SCHOOL/COST CENTER <u>9002</u>

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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 checked="" type="checkbox"/> Meals |
| <input type="checkbox"/> Registration | <input checked="" type="checkbox"/> Hotel Expense (Single Room Rate) | |

Number of Hours Requested 30 (7/10, 7/11, 7/12)

Purpose/Benefit (DO NOT use acronyms) School Nutrition Assoc., Annual Conference

Destination Denver, CO

BEGINNING		ENDING	
Time <u>7:00</u> AM _____ PM	Time _____ AM <u>9:00</u> PM	Day of Week <u>Saturday</u>	Day of Week <u>Wednesday</u>
Date <u>7/8/23</u>	Date <u>7/12/23</u>		

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant Jennifer Weaver

Date 3-7-23

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor	<u>Joni Drenth</u>	Date	<u>3/7/23</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.

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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) Ward William	FIRST WILLIAM	INITIAL WW	EMPLOYEE I.D. NUMBER 15777
POSITION Operations Spec. Food & Nutrition			SCHOOL/COST CENTER 9002

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"/> Personal Leave (charged to Sick Lv.) <input type="checkbox"/> Personal Leave (Without Pay) <input type="checkbox"/> Professional Leave <input type="checkbox"/> Other _____ <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Military Leave <input type="checkbox"/> Vacation Leave <input checked="" type="checkbox"/> Temporary Duty (Attach documentation) <input type="checkbox"/> Compensatory Time (non-exempt employees only)	<div style="border: 1px solid black; padding: 5px; font-size: small;"> *Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein. </div> <input type="checkbox"/> Per Diem <input type="checkbox"/> Mileage <input checked="" type="checkbox"/> Meals <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Hotel Expense (Single Room Rate)
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Number of Hours Requested **30 (7/10, 7/11, 7/12)**

Purpose/Benefit (DO NOT use acronyms) **School Nutrition Assoc., Annual Conference**

Destination **Denver, CO**

BEGINNING				ENDING			
Time 7:00 AM		PM		Time		AM	9:00 PM
Day of Week Saturday	Date 7/8/23			Day of Week Wednesday	Date 7/12/23		

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:					TRAVEL EXPENSE CHARGED TO:				
FUND	FUNCTION	OBJECT	CENTER	PROJECT	FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant **[Signature]** Date **3-7-23**

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor	[Signature]	Date	3/7/23
Project Director (if applicable)	[Signature]	Date	3/7/23

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.