

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

FOR OFFICE USE ONLY: ☒ APPROVED ☐ NOT APPROVED
Site Administrator/Supervisor Barbara H. Hester Date 4-11-25
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.

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

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) Pagan, Angel	FIRST	INITIAL	EMPLOYEE I.D. NUMBER 17433
POSITION Assistant Director of Safe Schools			SCHOOL/COST CENTER 9551 OFFICE OF SAFE SCHOOLS

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:

- ☐ 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)

This leave is requested: ☒ With Pay ☐ Without Pay ☐ Substitute Needed

*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 _____

Purpose/Benefit (DO NOT use acronyms) 2025 National SCHOOL SAFETY SUMMIT & EXPO

Destination Virgin Hotel Las Vegas, Las Vegas Nevada

BEGINNING		ENDING	
Time _____ AM 3:00 PM	Day of Week Sunday	Time _____ AM 8:00 PM	Day of Week Friday
Date 07/27/2025		Date 08/01/2025	

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant Angel Pagan Date 04/02/25

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor <u>[Signature]</u>	Date <u>4/2/25</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.

**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) SLONE, JODI	FIRST	INITIAL	EMPLOYEE I.D. NUMBER 15040
POSITION Assistant Director of Safe Schools			SCHOOL/COST CENTER 9551 OFFICE OF SAFE SCHOOLS

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 _____

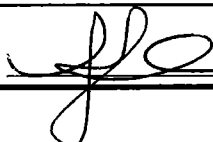
Purpose/Benefit (DO NOT use acronyms) 2025 ~~National~~ SCHOOL SAFETY SUMMIT & EXPO

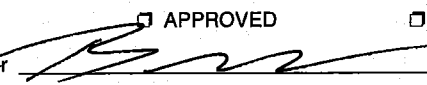
Destination Virgin Hotel Las Vegas, Las Vegas Nevada

BEGINNING		ENDING	
Time _____ AM <u>3:00</u> PM	Day of Week <u>Sunday</u> Date <u>07/27/2025</u>	Time _____ AM <u>8:00</u> PM	Day of Week <u>Friday</u> Date <u>08/01/2025</u>

SOURCE OF FUNDS

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

☒ Signature of Applicant  Date 04/02/25

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor <u></u>	Date <u>4-2-25</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.