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				
DeRespiris, Brandon		16427				
POSITION Director of Safe Schools		SCHOOL/COST CENTER 9551 OFFICE OF SAFE SCHOOLS				
Except in the case of an emergency, all leave, other than sick le pre-planned (i.e. doctor's appointment), it must be pre-approve completed upon return within five (5) working days. TO BE COMPLETED BY APPLICANT:						
	eave is requested:	■ With Pay □ Without Pay □ Substitute Needed				
☐ Sick Leave ☐ Worker's Comp ☐ Personal Leave (charged to Sick Lv.) ☐ Milltary Leave ☐ Personal Leave (Without Pay) ☐ Vacation Leave ☐ Professional Leave ☐ Temporary Duty (Attach do	th ocumentation)	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 Meais 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	Time AM 8:00 PM				
Day of Week Sunday Date 07/27/2025	_ Day of Week Fr	iday _{Date} 08/01/2025				
SOUI	RCE OF FUNDS					
SOUI SUBSTITUTE CHARGED TO:	RCE OF FUNDS	TRAVEL EXPENSE CHARGED TO:				
	RCE OF FUNDS					
SUBSTITUTE CHARGED TO:						
SUBSTITUTE CHARGED TO: FUND FUNCTION OBJECT CENTER PROJECT Signature of Applicant	FUN	D FUNCTION OBJECT CENTER PROJECT Date 04/02/25				
SUBSTITUTE CHARGED TO: FUND FUNCTION OBJECT CENTER PROJECT Signature of Applicant	FUN	D FUNCTION OBJECT CENTER PROJECT Date 04/02/25				
SUBSTITUTE CHARGED TO: FUND FUNCTION OBJECT CENTER PROJECT ** Signature of Applicant*	FUN	D FUNCTION OBJECT CENTER PROJECT				
SUBSTITUTE CHARGED TO: FUND FUNCTION OBJECT CENTER PROJECT ** Signature of Applicant ** Signature of Applicant ** APPROVED Site Administrator/Supervisor	FUN	Date 4-11-25				
SUBSTITUTE CHARGED TO: FUND FUNCTION OBJECT CENTER PROJECT ** Signature of Applicant FOR OFFICE USE ONLY: Site Administrator/Supervisor	O NOT APPR	Description OBJECT CENTER PROJECT Date 04/02/25 OVED Date 4-1/-25 Date Date				
SUBSTITUTE CHARGED TO: FUND FUNCTION OBJECT CENTER PROJECT ** Signature of Applicant FOR OFFICE USE ONLY: Site Administrator/Supervisor Project Director (if applicable)	NOT APPR	Description OBJECT CENTER PROJECT Date 04/02/25 OVED Date 4-1/-25 Date Date				
SUBSTITUTE CHARGED TO: FUND FUNCTION OBJECT CENTER PROJECT Signature of Applicant FOR OFFICE USE ONLY: Site Administrator/Supervisor Project Director (if applicable) TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBM This leave constituteshour(s) for the regular employed.	NOT APPR	Description OBJECT CENTER PROJECT Date 04/02/25 OVED Date 4-1/-25 Date PAYROLL.				

DISTRIBUTION:
White : Payroll
Yellow : Applicant (Atlach 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)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER		
Pagan, Angel			17433		
POSITION			SCHOOL/COST CENTER	21.0	
	sistant Director of Safe Schools 9551 OFFICE OF SAFE SCHOOLS				
Except in the case of an emergency, all leav pre-planned (i.e. doctor's appointment), it m completed upon return within five (5) working TO BE COMPLETED BY APPLICANT:	nust be pre-approved. For ng days.	sick leave a	roved in advance. If the request for s absences that are not pre-planned, th ■ With Pay □ Without Pay □ Sub	is form must be	
I hereby apply for: ☐ Sick Leave ☐ Wo	rker's Comp	· -			
☐ Personal Leave (charged to Sick Lv.) ☐ Mili ☐ Personal Leave (Without Pay) ☐ Vac	itary Leave cation Leave	th	Note: This leave does not constitute any sala the individual would normally receive for the da	·	
	nporary Duty (Attach document mpensatory Time (non-exempt 6		_ · · · · _ · · · · · · · · · · ·		
Number of Hours Requested			•		
Purpose/Benefit (DO NOT use acronyms) 202	5 National SCHOOL	OL SAFE	TY SUMMIT & EXPO	·	
Destination Virgin Hotel Las Vegas, La				,	
BEGINNING			ENDING		
Time AM 3:00	PM		TimeAM_8:00	PM	
Day of Week Sunday Date 07	/27/2025	Day of Week Friday Date 08/01/2025		01/2025	
Week Sunday Date Of		<u> </u>	Date Oct	0172020	
	SOURCE (OF FUNDS			
SUBSTITUTE CHARGED	SUBSTITUTE CHARGED TO:		TRAVEL EXPENSE CHARGED TO:		
FUND FUNCTION OBJECT CEN	TER PROJECT	FUN	ID FUNCTION OBJECT CEN	ITER PROJECT	
		<u> </u>			
★ Signature of Applicant	loga		Date 04/02/25		
	PPROVED 0	NOT APPE	$\omega/2/2$		
Site Administrator/Supervisor Date					
Project Director (if applicable) Date					
TO BE COMPLETED BY PRINCIPAL OR SUPE	RVISOR AND SUBMITTE	D WITH THE	REGULAR PAYROLL.		
This leave constitutes hour(s) for Name of substitute(s) (if any):	or the regular employee list	ted above.	Amount of Time substituting:		
			hours:	_ days.	
			hours:	days.	
· ·				,	

DISTRIBUTION:

DISTRIBUTION:
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Yellow: Applicant (Attach to Travel Relmbursement 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) SLONE, JODI	FIRST	INITIAL	EMPLOYEE I.D. NUMBER 15040				
POSITION			SCHOOL/COST CENTER				
Assistant Director of Safe Schools							
pre-planned (i.e. doctor's appointment completed upon return within five (5) v TO BE COMPLETED BY APPLICANT:	t), it must be pre-approved. Fo working days.	r sick leave a	roved in advance. If the request for sick leave is absences that are not pre-planned, this form must be				
I hereby apply for:		s requested:	■ With Pay □ Without Pay □ Substitute Needed				
Personal Leave (charged to Sick Lv.) 0	□ Worker's Comp □ Military Leave □ Vacation Leave	tr	Note: This leave does not constitute any salary in addition to that which it individual would normally receive for the dates indicated herein.				
	 Temporary Duty (Attach documen Compensatory Time (non-exempt 	prary Duty (Attach documentation)					
Number of Hours Requested							
Purpose/Benefit (DO NOT use acronyms)	2025 National SCHO	OL SAFE	TY SUMMIT & EXPO				
Destination Virgin Hotel Las Vega	s, Las Vegas Nevada	-					
BEGINNIN	G		ENDING				
Time AM <u>3</u>	3:00 _{PM}		Time AM_8:00 PM				
	_e 07/27/2025	Day of Week F	riday Date 08/01/2025				
	SOURCE	OF FUNDS					
SUBSTITUTE CHARGED TO:		TRAVEL EXPENSE CHARGED TO:					
FUND FUNCTION OBJECT	CENTER PROJECT	_FUN	D FUNCTION OBJECT CENTER PROJECT				
Signature of Applicant Date 04/02/25							
FOR OFFICE USE ONLY: Site Administrator/Superviser	APPROVED C	NOT APPR	Date				
Project Director (if applicable) Date							
		*					
TO BE COMPLETED BY PRINCIPAL OR	SUPERVISOR AND SUBMITTE	D 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:

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