

3899-3900

**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) Berlew	FIRST Abigail	INITIAL R	EMPLOYEE I.D. NUMBER 16869
POSITION Teacher			SCHOOL/COST CENTER SHS

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)
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***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"/> Registration	<input type="checkbox"/> Mileage <input type="checkbox"/> Hotel Expense (Single Room Rate)
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Number of Hours Requested 27 hours

Purpose/Benefit (DO NOT use acronyms) Florida State Beta Convention

Destination Orlando, FL

BEGINNING	ENDING
Time <u>6:55</u> AM _____ PM	Time _____ AM <u>11:30</u> PM
Day of Week <u>Friday</u> Date <u>01/09/26</u>	Day of Week <u>Saturday</u> Date <u>01/10/26</u>

SOURCE OF FUNDS

<p align="center">SUBSTITUTE CHARGED TO:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>FUND</th> <th>FUNCTION</th> <th>OBJECT</th> <th>CENTER</th> <th>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>FUND</th> <th>FUNCTION</th> <th>OBJECT</th> <th>CENTER</th> <th>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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☒ Signature of Applicant Abigail Berlew Date 10/17/25

FOR OFFICE USE ONLY:	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	
Site Administrator/Supervisor <u>Dina Rana</u>	Date <u>10/21/25</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.

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