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			
Asumani-Mensah, Michael	INTIAL	18314			
POSITION		SCHOOL/COST CENTER			
Teacher		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 Divident Pay Substitute Needed					
☐ Sick Leave ☐ Worker's Comp ☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave ☐ Personal Leave (Without Pay) ☐ Vacation Leave		lote: This leave does not constitute any salar e individual would normally receive for the da			
☐ Professional Leave ☐ Temporary Duty (Attach ☐ Other ☐ Compensatory Time (no			☐ Meals Single Room Rate)		
Number of Hours Requested 30					
Purpose/Benefit (DO NOT use acronyms) Field trip AFJROTC					
Destination Washington DC					
BEGINNING		ENDING			
Time 0650 AM PM		TimeAM_240	PM		
Day of Wednesday Date 1015/25	Day of Week Sa				
	URCE OF FUNDS				
SUBSTITUTE CHARGED TO:		TRAVEL EXPENSE CHARGE	D TO:		
FUND FUNCTION OBJECT CENTER PROJECT	FUN	FUND FUNCTION OBJECT CENTER PROJECT			
Signature of Applicant Date 8/18/05					
FOR OFFICE USE ONLY: Site Administrator/Supervisor Date Date					
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:					
Table of describing (in any).		hours:	days.		
	* 1	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) FIRST	INITIAL EMPLOYEE I.D. NUMBER			
Janet Ginart	04655			
POSITION Math Teacher	school/cost center FW Springstead HS			
Except in the case of an emergency, all leave, other than sick leave, pre-planned (i.e. doctor's appointment), it must be pre-approved. Fo completed upon return within five (5) working days. TO BE COMPLETED BY APPLICANT: I hereby apply for: This leave is				
☐ Sick Leave ☐ Worker's Comp				
☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave	*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.			
☐ Personal Leave (Without Pay) ☐ Vacation Leave ☐ Professional Leave ☐ Temporary Duty (Attach document	tation) ☐ Per Diem ☐ Mileage ☐ Meals			
☐ Other ☐ Compensatory Time (non-exempt				
Number of Hours Requested 30 horurs				
Purpose/Benefit (DO NOT use acronyms) Chaperone JRROTO	Field Trip to Washington DC			
Destination Washington DC				
BEGINNING	ENDING			
Time <u>7:15</u> AM PM	Time AM 2:40 PM			
Day of Wednesday Date 10/15/2025	Day of Week Saturday Date 10/18/2025			
	OF FUNDS			
SUBSTITUTE CHARGED TO:	TRAVEL EXPENSE CHARGED TO:			
FUND FUNCTION OBJECT CENTER PROJECT	FUND FUNCTION OBJECT CENTER PROJECT			
X Signature of Applicant	Date 8/18/2025			
FOR OFFICE USE ONLY: Site Administrator/Supervisor Parallel	NOT APPROVED Date 8/19/25			
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 list				
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

3411-3414

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 TEAGUE RENEE	INITIAL EMPLOYEE I.D. NUMBER			
POSITION AFJROTC INSTRUCTOR	SCHOOL/COST CENTER SHS			
Except in the case of an emergency, all leave, other than sick leave, pre-planned (i.e. doctor's appointment), it must be pre-approved. Fo completed upon return within five (5) working days. TO BE COMPLETED BY APPLICANT:	must be approved in advance. If the request for sick leave is sick leave absences that are not pre-planned, this form must be say requested: With Pay Without Pay Substitute Needed			
 ☐ Sick Leave ☐ Personal Leave (charged to Sick Lv.) ☐ Personal Leave (Without Pay) ☐ Professional Leave ☐ Other ☐ Compensatory Time (non-exempt 				
Number of Hours Requested 30				
Purpose/Benefit (DO NOT use acronyms) FIELD TRIP				
Destination WASHINGTON DC				
BEGINNING	ENDING			
Time 0650 AM PM	Time AM_240 PM			
Day of WEDNESDAY Date 15 CCT 2025	Day of Week SATURDAY Date 1860 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	Date 15 Aug 25			
FOR OFFICE USE ONLY: Site Administrator/Supervisor	NOT APPROVED 8/18/2-15			
Project Director (if applicable)	ble) Date			
TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTE	그 이 이번 영화에 많아 되었다면 나를 가면 되었다. 왕일(1) 영화 없었다.			
This leave constitutes hour(s) for the regular employee lis Name of substitute(s) (if any):	Amount of Time substituting:			
	hours: days.			

DISTRIBUTION:

White: Payroll

Yellow: Applicant (Attach to Travel Reimbursement form)

Pink: Applicant

Gold: Site Administrator

White : Yellow : Pink :

3411-3414

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	The state of the s	MPLOYEE I.D. NUMBER			
WILLIAMS TYRONE D		5646			
POSITION AFJROTC INSTRUCTOR		CHOOL/COST CENTER HS			
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:					
	ve 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 doc ☐ Other ☐ Other ☐ Compensatory Time (non-ex-	the incurrentation)	: This leave does not constitute any salary in addition to that which dividual would normally receive for the dates indicated herein. Per Diem			
Number of Hours Requested 30					
Purpose/Benefit (DO NOT use acronyms) FIELD TRIP					
Destination WASHINGTON DC					
BEGINNING		ENDING			
Time 0650 AM PM		Time AM_240 PM			
Day of WEDNESDAY Date 15 CCT 2025	Day of Week SAT	URDAY Date 18 OCT 2025			
SOURCE OF FUNDS					
SUBSTITUTE CHARGED TO: FUND FUNCTION OBJECT CENTER PROJECT	FUND	TRAVEL EXPENSE CHARGED TO: FUNCTION OBJECT CENTER PROJECT			
X Signature of Applicant		Date 15 Angust 2025			
FOR OFFICE USE ONLY: Site Administrator/Supervisor APPROVED NOT APPROVED 8/18/35					
Project Director (if applicable)					
TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.					
[10] [10] [10] [10] [10] [10] [10] [10]					
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:

UISTRIBUTION:
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Pink : Applicant
Gold : Site Administrator