

**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) Asumani-Mensah, Michael	FIRST	INITIAL	EMPLOYEE I.D. NUMBER 18314
POSITION Teacher			SCHOOL/COST CENTER 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 ☐ 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 type="checkbox"/> Meals |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Hotel Expense (Single Room Rate) | |

Number of Hours Requested 30

Purpose/Benefit (DO NOT use acronyms) Field trip AFJROTC

Destination Washington DC

BEGINNING		ENDING	
Time <u>0650</u> AM _____ PM	Time _____ AM <u>240</u> PM	Day of Week <u>Wednesday</u>	Day of Week <u>Saturday</u>
Date <u>10/15/25</u>	Date <u>10/18/25</u>		


SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

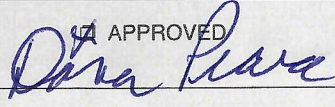
FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant  Date 8/18/25

FOR OFFICE USE ONLY:

☒ APPROVED

☐ NOT APPROVED

Site Administrator/Supervisor  Date 8/19/25

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.

HERNANDO COUNTY SCHOOL DISTRICT
Leave of Absence Form

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LAST NAME (Print or Type) Janet Ginart	FIRST	INITIAL	EMPLOYEE I.D. NUMBER 04655
POSITION Math Teacher			SCHOOL/COST CENTER FW Springstead 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:

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: 2px; 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 type="checkbox"/> Meals
<input type="checkbox"/> Registration <input type="checkbox"/> Hotel Expense (Single Room Rate) |
|--|---|---|

Number of Hours Requested 30 hours

Purpose/Benefit (DO NOT use acronyms) Chaperone JRROTC Field Trip to Washington DC

Destination Washington DC

BEGINNING		ENDING	
Time <u>1:15</u> AM _____ PM		Time _____ AM <u>2:40</u> PM	
Day of Week <u>Wednesday</u>	Date <u>10/15/2025</u>	Day of Week <u>Saturday</u>	Date <u>10/18/2025</u>

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

X Signature of Applicant *Janet Ginart* Date 8/18/2025

FOR OFFICE USE ONLY:	
<input checked="" type="checkbox"/> APPROVED <u><i>Dana Leave</i></u> Site Administrator/Supervisor _____ Date <u>8/19/25</u>	<input type="checkbox"/> NOT APPROVED 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.

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) TEAGUE RENEE	FIRST	INITIAL	EMPLOYEE I.D. NUMBER 19136
POSITION AFJROTC INSTRUCTOR			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

- ☐ 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 **30**

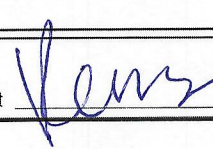
Purpose/Benefit (DO NOT use acronyms) **FIELD TRIP**


Destination **WASHINGTON DC**

BEGINNING		ENDING	
Time 0650 AM _____ PM	Time _____ AM 240 PM	Day of Week WEDNESDAY	Day of Week SATURDAY
Date 15 OCT 2025	Date 18 OCT 2025		

SOURCE OF FUNDS

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

X Signature of Applicant  Date **15 Aug 25**

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor 	Date 8/16/25		
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.

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) WILLIAMS TYRONE D	FIRST	INITIAL	EMPLOYEE I.D. NUMBER 15646
POSITION AFJROTC INSTRUCTOR			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

- ☐ 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 30

Purpose/Benefit (DO NOT use acronyms) FIELD TRIP

Destination WASHINGTON DC

BEGINNING		ENDING	
Time <u>0650</u> AM _____ PM	Time _____ AM <u>240</u> PM	Day of Week <u>WEDNESDAY</u>	Day of Week <u>SATURDAY</u>
Date <u>15 OCT 2025</u>	Date <u>18 OCT 2025</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

Date

15 August 2025

FOR OFFICE USE ONLY:

☒ APPROVED

☐ NOT APPROVED

Site Administrator/Supervisor

Date

8/18/25

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.