

4093

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) <u>Rowley</u>	FIRST <u>Taylor</u>	INITIAL <u>H</u>	EMPLOYEE I.D. NUMBER <u>19049</u>
POSITION <u>teacher</u>			SCHOOL/COST CENTER <u>Springstead HS</u>

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
☐ Registration

☒ Mileage
☒ Hotel Expense (Single Room Rate)

Number of Hours Requested _____

Purpose/Benefit (DO NOT use acronyms) Florida Music Educator Association Conference

Destination Tampa, FL

BEGINNING		ENDING	
Time <u>7:00</u> AM _____ PM	Time <u>12</u> AM _____ PM	Day of Week <u>Wed</u>	Day of Week <u>Saturday</u>
Date <u>1/14/25</u>	Date <u>1/17/26</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 [Signature] Date 11/4/25

FOR OFFICE USE ONLY:		<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor	<u>Dana Prince</u>	Date	<u>11/6/25</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