

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) LIPSEY	FIRST JAMES	INITIAL W	EMPLOYEE I.D. NUMBER 15944
POSITION MANAGER OF PLANNING, DESIGN & CONSTRUCTION			SCHOOL/COST CENTER 9463

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 ☐ Worker's Comp

☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave

☐ Personal Leave (Without Pay) ☐ Vacation Leave

☐ Professional Leave ☒ Temporary Duty (Attach documentation)

☐ Other _____ ☐ 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 32

Purpose/Benefit (DO NOT use acronyms) SCHOOL PLANNERS CONFERENCE

Destination DALLAS, TX

BEGINNING				ENDING			
Time	<u>8:30</u>	AM	<u>AM</u>	Time	<u>04:30</u>	AM	<u>PM</u>
Day of Week	<u>TUESDAY</u>	Date	<u>06-14-2022</u>	Day of Week	<u>FRIDAY</u>	Date	<u>06-17-2022</u>

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:					TRAVEL EXPENSE CHARGED TO:										
FUND	FUNCTION	OBJECT	CENTER	PROJECT	FUND	FUNCTION	OBJECT	CENTER	PROJECT	FUND	FUNCTION	OBJECT	CENTER	PROJECT	
					1	1	7	7	1	0	3	3	3	9	4

☒ Signature of Applicant James W. Lipsey Digitally signed by James W. Lipsey
Date: 2022.04.21 10:15:22 -04'00'

Date 04-21-2022

FOR OFFICE USE ONLY:	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
Site Administrator/Supervisor		Date <u>4/21/2022</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.