

**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) <b>miller</b>	FIRST <b>Taylor</b>	INITIAL <b>TM</b>	EMPLOYEE I.D. NUMBER <b>16903</b>
POSITION			SCHOOL/COST CENTER <b>Weeki Wachee HS</b>

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 \_\_\_\_\_

Purpose/Benefit (DO NOT use acronyms) **volleyball tournament**

Destination **Venice High School, Venice, FL**

BEGINNING		ENDING	
Time <b>7:10</b> <sup>AM</sup> PM		Time <b>2:45</b> AM <sup>PM</sup>	
Day of Week <b>Thursday</b>	Date <b>9/26/24</b>	Day of Week <b>Friday</b>	Date <b>9/27/24</b>

**SOURCE OF FUNDS**

**SUBSTITUTE CHARGED TO:**

FUND	FUNCTION	OBJECT	CENTER	PROJECT

**TRAVEL EXPENSE CHARGED TO:**

FUND	FUNCTION	OBJECT	CENTER	PROJECT

Signature of Applicant Date **9/4/24**

<b>FOR OFFICE USE ONLY:</b>	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
Site Administrator/Supervisor	Date <b>9/6/24</b>	
Project Director (if applicable) _____	Date _____	

<b>TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.</b>	
This leave constitutes _____ hour(s) for the regular employee listed above.	Amount of Time substituting:
Name of substitute(s) (if any): _____	_____ hours: _____ days.
_____	_____ 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) <b>Clark</b>	FIRST <b>ERIN</b>	INITIAL <b>K</b>	EMPLOYEE I.D. NUMBER <b>15324</b>
POSITION <b>Teacher</b>			SCHOOL/COST CENTER <b>Weeki Wachee HS</b>

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 \_\_\_\_\_

Purpose/Benefit (DO NOT use acronyms) **volleyball tournament**

Destination **venice high school, venice, FL**

BEGINNING		ENDING	
Time <b>1:30</b> <input checked="" type="radio"/> AM <input type="radio"/> PM	Day of Week <b>Thursday</b>	Time <b>2:45</b> <input type="radio"/> AM <input checked="" type="radio"/> PM	Day of Week <b>Friday</b>
Date <b>9/26/24</b>		Date <b>9/27/24</b>	

**SOURCE OF FUNDS**

**SUBSTITUTE CHARGED TO:**

**TRAVEL EXPENSE CHARGED TO:**

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

Signature of Applicant ***Erin Clark*** Date **9/4/24**

<b>FOR OFFICE USE ONLY:</b>	
<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
Site Administrator/Supervisor <b><i>[Signature]</i></b>	Date <b>9/6/24</b>
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

***[Signature]*** 9/6/24