

**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>Judson</u>	FIRST <u>Bridgit</u>	INITIAL <u>F</u>	EMPLOYEE I.D. NUMBER <u>18635</u>
POSITION <u>Teacher</u>			SCHOOL/COST CENTER <u>WNHS</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

- |   |   |
|---|---|
| <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 23.25

Purpose/Benefit (DO NOT use acronyms) Field Trip

Destination WGI Color Guard World Championships 2026

BEGINNING		ENDING	
Time <u>6:00</u> AM _____ PM	Time _____ AM <u>10:00</u> PM	Day of Week <u>Wednesday</u>	Day of Week <u>Sunday</u>
Date <u>4/8</u>	Date <u>4/12</u>		

**SOURCE OF FUNDS**

**SUBSTITUTE CHARGED TO:**

FUND	FUNCTION	OBJECT	CENTER	PROJECT

**TRAVEL EXPENSE CHARGED TO:**

FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant [Signature] Date 4/17/25

**FOR OFFICE USE ONLY:**

☒ APPROVED

☐ NOT APPROVED

Site Administrator/Supervisor [Signature] Date 4-18-25

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.

**HERNANDO COUNTY SCHOOL DISTRICT  
Leave of Absence Form**

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LAST NAME (Print or Type) <u>Tiviana</u>	FIRST <u>Joshua</u>	INITIAL	EMPLOYEE I.D. NUMBER <u>15774</u>
POSITION <u>MUSIC TEACHER</u>			SCHOOL/COST CENTER <u>0391</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

- |   |   |
|---|---|
| <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 23.25

Purpose/Benefit (DO NOT use acronyms) Field Trip

Destination WGI Color Guard World Championships 2026

BEGINNING		ENDING	
Day of Week	Time	Day of Week	Time
<u>Weds</u>	<u>6:00</u> AM	<u>Sunday</u>	<u>10:00</u> PM
Date		Date	
<u>4/8/26</u>		<u>4/12/26</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 Joshua Tiviana Date 4/21/25

**FOR OFFICE USE ONLY:**

☒ APPROVED    ☐ NOT APPROVED

Site Administrator/Supervisor [Signature] Date 4/2/25

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.