

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>KOS</u>	FIRST <u>Chake</u>	INITIAL	EMPLOYEE I.D. NUMBER <u>17044</u>
POSITION <u>Coach - Wrestling</u>			SCHOOL/COST CENTER <u>Week, Wachee 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
☐ Mileage
☐ Meals
☐ Registration
☐ Hotel Expense (Single Room Rate)

Number of Hours Requested _____

Purpose/Benefit (DO NOT use acronyms) Boys Varsity Wrestling Tournament

Destination Lake Mary High School / Lake Mary FL - Orlando

BEGINNING		ENDING	
Day of Week	Time _____ AM _____ PM	Day of Week	Time _____ AM _____ PM
<u>Friday</u>	Date <u>01/02/26</u>	<u>Friday</u>	Date <u>01/02/26</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 _____ Date 11/20/25

FOR OFFICE USE ONLY:

☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor _____ Date 11/21/25

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>Murray</u>	FIRST <u>Mark</u>	INITIAL <u>O</u>	EMPLOYEE I.D. NUMBER <u>16599</u>
POSITION <u>PARA</u>			SCHOOL/COST CENTER <u>Week Wachee HS</u>

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☐ 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 Two

Purpose/Benefit (DO NOT use acronyms) Boys Varsity Wrestling Tournament

Destination Lake Mary High School / Lake Mary-Orlando

BEGINNING		ENDING	
Time <u>7:00</u> AM _____ PM	Time _____ AM <u>2:00</u> PM	Day of Week <u>Friday</u>	Day of Week <u>Friday</u>
Date <u>01/02/26</u>	Date <u>01/02/26</u>	Date <u>01/02/26</u>	Date <u>01/02/26</u>

SOURCE OF FUNDS

SUBSTITUTE CHARGED TO:

TRAVEL EXPENSE CHARGED TO:

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT

☒ Signature of Applicant [Signature] Date 11/20/25

FOR OFFICE USE ONLY:

☒ APPROVED ☐ NOT APPROVED

Site Administrator/Supervisor [Signature] Date 11/21/25

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.