# HERNANDO COUNTY SCHOOL DISTRICT Leave of Absence Form

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)	FIRST	INITIAL.	EMPLOYEE I.D. NUMBER			
$N_0$	Teresa	NB	14012			
POSITION OF TRACK	L C		SCHOOL/COST CENTER			
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:	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  *Note: This leave does not constitute any salary in addition to that the individual would normally receive for the dates indicated herein.						
☐ Professional Leave ☐ Temporary Duty (Attach documentation) ☐ Per Diem ☐ Mileage ☐ Meals ☐ Other ☐ Compensatory Time (non-exempt employees only) ☐ Registration ☐ Hotel Expense (Single Room Rate)						
Number of Hours Requested				<i>a</i>		
Purpose/Benefit (DO NOT use acronym	a) Furure Burnew Leade	n of Ar	nerica State leadershy	p lontrence		
Destination OY   AND 1						
BEGINI	IING		ENDING			
	PM Date _3/12/25	Day of Week	Time AM AM Date	PM 3 /16/25		
	<del></del>	OF FUNDS				
SUBSTITUTE CH		TRAVEL EXPENSE CHARGED TO:				
FUND FUNCTION OBJECT CENTER PROJECT		FUND FUNCTION OBJECT CENTER PROJECT				
		<u> </u>				
X Signature of Applicant THOM						
FOR OFFICE USE ONLY: APPROVED IN NOT APPROVED						
Site Administrator/Supervisor	x m		Date 10/20/0-3			
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.		
				A		

SO-Per-025 November 2020 Reorder from Printing

DISTRIBUTION

White: Payroll
Yellow: Applicant (Attach to
Pink: Applicant
Gold: Site Administrator)

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LAST NAME (Print or Type)	FIRST	ĮNITIAL	EMPLOYEE I.D. NUMBER		
Early	Justica	E	14786		
POSITION Teacher	· ·		SCHOOL/COST CENTER  ( W W H)		
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:  This leave is requested: With Pay Without Pay Withou					
☐ Sick Leave ☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave ☐ Personal Leave (Without Pay) ☐ Vacation Leave ☐ Vacation Leave					
☐ Professional Leave					
Number of Hours Requested	275 15.S				
Purpose/Benefit (DO NOT use acronyms		e Confe	rence		
Destination Clanda , F	Fi.				
BEGINN	ING		ENDING		
Day of AM	PM	Day of	Time AM 6:00 PM 3/16/26		
Day of Week Thursday D	ate 3 /12/26	Week	Survey 1/1000 my Date 3/15/26 3/16/		
	SOURCE (	OF FUNDS			
SUBSTITUTE CHARGED TO:		TRAVEL EXPENSE CHARGED TO:			
FUND FUNCTION OBJECT CENTER PROJECT		FUNI	D FUNCTION OBJECT CENTER PROJECT		
X Signature of Applicant	· J				
FOR OFFICE USE ONLY: DAPPROVED DI NOT APPROVED					
Site Administrator/Supervisor Date					
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.		
		<del>,,</del>	hours: days.		

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LAST NAME (Print or Type)	FIRST	INITIAL EMPLOYEE I.D. NUMBER		
POSITION COLLEGE and	0- 0	SCHOOL/COST CENTER		
Except in the case of an eme	ergency, all leave, other than sick leave, i	nust belapproved in advance. If the request for sick leave is		
pre-planned (i.e. doctor's ap completed upon return withi		sick leave absences that are not pre-planned, this form must be		
TO BE COMPLETED BY APPLI	CANT:	The Mark Boy Control Mark Boy Control Mark Mark Mark Mark Mark Mark Mark Mark		
I hereby apply for:	This leave is requested:  With Pay  Without Pay  Substitute Needed			
☐ Sick Leave ☐ Personal Leave (charged t	· ·	*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.		
☐ Personal Leave (Without P☐ Professional Leave		I Por Diam I Mileage I Meals		
Other	Temporary Duty (Attach document     Compensatory Time (non-exempt 6)	employees only)    Registration		
Number of Hours Requested	15.50			
Purpose/Benefit (DO NOT use a	oronyms) <u>FBLA State IC</u> A	dership Conference.		
Destination // /	ando, FL			
1/1	BEGINNING	ENDING		
Time 9	AM PM	TimeAM_ / 2 PM		
Day of Thurs day		Day of Wonday Date 3/14/28		
	SOURCE	DF FUNDS		
SUBSTIT	UTE CHARGED TO:	TRAVEL EXPENSE CHARGED TO:		
FUND FUNCTION O	BJECT CENTER PROJECT	FUND FUNCTION OBJECT CENTER PROJECT		
X Signature of Applicant	Donner	Date		
	Ô			
FOR OFFICE USE ONLY:	□ APPROVED ∩ □	NOT APPROVED		
Site Administrator/Supervisor	(Path Hastra)	Date   0   3   2025		
·				
Project Director (ii applicable) _				
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.		

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Pink : Applicant
Gold : Site Administrator

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LAST NAME (Print or Type)	. FIRST	INITIAL	EMPLOYEE I.D. NUMBER		
Chhnsan	deremy	Ī	15387		
POSITION	Para		SCHOOL/COST CENTER		
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☐ Sick Leave ☐ Worker's Comp ☐ Personal Leave (charged to Sick Lv.) ☐ Military Leave  *Note: This leave does not constitute any salary in addition to that the individual would normally receive for the dates indicated herein			Note: This leave does not constitute any salary in addition to that which		
☐ Personal Leave (Without Parties of Partie	Pay)		☐ Per Diem ☐ Mileage ☐ Meals ☐ Registration ☐ Hotel Expense (Single Room Rate)		
Number of Hours Requested	15.5				
	cronyms) FBLA State Was	lestrip	, Conterence		
Destination <u>ON AN A</u>	4 FC	<del></del>			
E	BEGINNING		ENDING		
Time O	AM PM		Time AM12 PM		
Day of Munday	Date 3 13 202 0	Day of Week	Monday Date 3/14/8024		
	SOURCE C	OF FUNDS			
SUBSTITUTE CHARGED TO:  FUND FUNCTION OBJECT CENTER PROJECT		TRAVEL EXPENSE CHARGED TO:  FUND FUNCTION OBJECT CENTER PROJECT			
X Signature of Applicant June 11 4 2025					
FOR OFFICE USE ONLY: TAPPROVED O NOT APPROVED  Site Administrator/Supervisor  Date					
Site Administrator/Supervisor Project Director (if applicable)	V V II				
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.		

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