

**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 Royal</b>	FIRST <b>Angela</b>	INITIAL	EMPLOYEE I.D. NUMBER <b>12001</b>
POSITION <b>Coordinator of Student Support Programs</b>			SCHOOL/COST CENTER <b>Student Services - 9440</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

- |   |   |
|---|---|
| <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 checked="" type="checkbox"/> Meals |
| <input checked="" type="checkbox"/> Registration | <input checked="" type="checkbox"/> Hotel Expense (Single Room Rate) |   |

Number of Hours Requested 40

Purpose/Benefit (DO NOT use acronyms) 113th Annual Conference of the International Association of Truancy & DO Prevention

Destination Memphis, Tennessee

BEGINNING	ENDING
Time <u>8:00</u> AM _____ PM	Time _____ AM <u>4:00</u> PM
Day of Week <u>Saturday</u> Date <u>10/18/2025</u>	Day of Week <u>Wednesday</u> Date <u>10/22/2025</u>

**SOURCE OF FUNDS**

**SUBSTITUTE CHARGED TO:**

**TRAVEL EXPENSE CHARGED TO:**

FUND	FUNCTION	OBJECT	CENTER	PROJECT

FUND	FUNCTION	OBJECT	CENTER	PROJECT
1100E.6100.3340.9440.64900				

X Signature of Applicant

*Angela Miller Royal*

Date

8/8/25

**FOR OFFICE USE ONLY:**

☒ APPROVED

☐ NOT APPROVED

Site Administrator/Supervisor

*Jill Kolesar*

Date

8/8/25

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.