

**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)	FIRST	INITIAL	EMPLOYEE I.D. NUMBER
POSITION			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:

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 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 \_\_\_\_\_

Purpose/Benefit (DO NOT use acronyms) \_\_\_\_\_

Destination \_\_\_\_\_

BEGINNING	ENDING
Time _____ AM _____ PM	Time _____ AM _____ PM
Day of Week _____ Date _____	Day of Week _____ Date _____

**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 \_\_\_\_\_

**FOR OFFICE USE ONLY:**                       APPROVED                       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.

\_\_\_\_\_ hours: \_\_\_\_\_ days.