

**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:

TRAVEL EXPENSE CHARGED TO:

| FUND | FUNCTION | OBJECT | CENTER | PROJECT |
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| FUND | FUNCTION | OBJECT | CENTER | PROJECT |
|------|----------|--------|--------|---------|
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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.