

District School Board of Pasco County REQUEST FOR LEAVE or TEMPORARY DUTY

OFFICE USE ONLY:
Run # _____ Employee Job # _____
Amended _____

INST. NONINST. ADMIN.

(1) Employee Requesting Leave/Temporary Duty Last _____ First _____ MI _____ SS# _____	(2) Social Security Number _____	(3) Effective Date(s) Including Travel Time (beginning) _____ (ending) _____ Time Mo Day Yr _____ Time Mo Day Yr _____	(4) Leave Duration Work Time ONLY Days _____ / _____ Hours _____
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(5) Data Entry Leave - WITH PAY <input type="checkbox"/> Illness, Personal <input type="checkbox"/> Illness: _____ relationship <input type="checkbox"/> Death: _____ relationship <input type="checkbox"/> Personal (Instructional only) <input type="checkbox"/> Personal (noninstructional and administrative cite/ check reason below) ____ Family problem ____ Household emergency ____ Legal business ____ Transportation problem ____ Other (explain below) <input type="checkbox"/> Personal (school-related event) <input type="checkbox"/> Vacation	(6) Human Resources Leave - WITH PAY <input type="checkbox"/> Injury-in-line-of-Duty (attach Injury Report copy) <input type="checkbox"/> Jury Duty - Witness (attach copy of summons) <input type="checkbox"/> Military (attach copy of orders) <input type="checkbox"/> Sick Leave Bank <input type="checkbox"/> Other (explain below)	(7) Human Resources Leave - WITHOUT PAY <input type="checkbox"/> Child Rearing <input type="checkbox"/> FMLA <input type="checkbox"/> Illness, Personal <input type="checkbox"/> Professional (explain below) <input type="checkbox"/> Personal (explain below) <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other (explain below) <p style="text-align: center;"> ← INSURANCE NOTICE → You must contact the Employee Benefits Section to continue group insurance coverage any time that you do not receive a regular paycheck. </p>	(8) Data Entry Leave - WITH PAY <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Professional (explain below #10) <input type="checkbox"/> Temporary Duty (explain below #10) * (9) Authorized Cost Center Encumbrance (Complete #11 and 14) <input type="checkbox"/> ALL following items: <input type="checkbox"/> Mileage <input type="checkbox"/> Per Diem <input type="checkbox"/> Registration Fee <input type="checkbox"/> Other Incidental Expenses
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(10) Explanation for request for Professional/Temporary Duty assignment and location. _____ _____ _____	(11) Accounting Code <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">FUND</td> <td style="width: 12.5%;">COST CENTER</td> <td style="width: 12.5%;">PROJECT</td> <td style="width: 12.5%;">OBJECT</td> <td style="width: 12.5%;">FUNCTION</td> <td style="width: 12.5%;">GENERAL LEDGER</td> <td style="width: 12.5%;">SUB PROJECT/PROGRAM</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FUND	COST CENTER	PROJECT	OBJECT	FUNCTION	GENERAL LEDGER	SUB PROJECT/PROGRAM							
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(12) Employee Signature _____ Position _____ School/Dept. _____	(14) Cost Center Administrator Signature _____ _____
(13) Authorizing Administrator Signature _____ Date _____	* Signature REQUIRED for reimbursement

DISTRIBUTION:
 WHITE - Sections (5) & (8) send to Data Entry, I.S.
 Sections (6) & (7) send to Human Resources
 CANARY - School/Cost Center
 PINK - Employee