

SCHOOL DISTRICT No.64 (Gulf Islands)

LEAVE OF ABSENCE APPLICATION
Please report all absences from appointments to
Central Dispatch at the SBO.

64 Learning Hub
2022-2023

Date received at SBO:

<div style="border-bottom: 1px solid black; padding-bottom: 5px;">NAME of Employee</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <div>Work Location</div> <div>Position</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <div>First Day:</div> <div>Last Day:</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date(s) of Absence</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Collective Agreement Article # & Description</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <div>Employee Signature</div> <div>Date</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <div>P/VP/Supervisor Signature</div> <div>Date</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Paid by: Board <input type="checkbox"/> Other: _____ </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <div>Pro G#</div> <div>ProD Authorization Signature</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Replacement #1 (name) for Teacher and Office Use</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Replacement #2 (name) for Teacher and Office Use</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">TIC (for PVP) _____</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">EA IEP REPLACEMENT _____</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <div>Account:</div> <div>FPG</div> <div>OBJECT</div> <div>CC</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <div>PR Authorized Signature</div> <div>Date</div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">CDS: Initials & Date:</div>	<div style="border: 1px solid black; padding: 2px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px;">Location No.</div> <div style="border: 1px solid black; padding: 2px;">FTE</div> <div style="border: 1px solid black; padding: 2px;">Reason Code</div> <div style="border: 1px solid black; padding: 2px;">Approval No.</div> <div style="border: 1px solid black; padding: 2px;">FTE</div> <div style="border: 1px solid black; padding: 2px; font-size: 2em; font-weight: bold; text-align: center;">PR AR</div>	<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">Specify EXACT time(s) of Absence:</div> <div style="padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>K – 7 <input type="checkbox"/> 8-12 <input type="checkbox"/></div> <div>Full Day <input type="checkbox"/></div> <div>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>K – 7 <input type="checkbox"/> 8-12 <input type="checkbox"/></div> <div>AM <input type="checkbox"/></div> <div>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>K – 7 <input type="checkbox"/> 8-12 <input type="checkbox"/></div> <div>PM <input type="checkbox"/></div> <div>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></div> </div> <div style="text-align: center; padding: 10px 0;">OR</div> <div style="display: flex; justify-content: space-between; padding-bottom: 5px;"> <div>Start time</div> <div>End time</div> <div>FTE/hrs</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <div>_____</div> <div>_____</div> <div>_____</div> <div>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></div> </div> <div style="display: flex; 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font-size: 1.5em;">↓</div> </div> <div style="background-color: black; color: white; padding: 2px; font-weight: bold;">Specify EXACT time(s) of Replacement:</div> <div style="padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div>K – 7 <input type="checkbox"/> 8-12 <input type="checkbox"/></div> <div>Full Day <input type="checkbox"/></div> <div>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>K – 7 <input type="checkbox"/> 8-12 <input type="checkbox"/></div> <div>AM <input type="checkbox"/></div> <div>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>K – 7 <input type="checkbox"/> 8-12 <input type="checkbox"/></div> <div>PM <input type="checkbox"/></div> <div>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></div> </div> <div style="text-align: center; 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