SCHOOL DISTRICT No.64 (Gulf Islands)

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



Date received at SBO:

	OFFICE		
NAME of Employee	USE ONLY	Specify EXACT time(s) of Al	osence:
Bus Rte. No:		FTE:	
	36	□ Full Day OR	MO TO WO THO FO
First Day: Last Day:	No.	□ AM	MO TO WO ThO FO
Date(s) of Absence		OR	
		□ PM	MO TO WO THO FO
Collective Agreement Article # & Description	FTE	OR OTHER:	
Employee Signature Date		Start time End time or Hours	_ MO TO WO ThO FO
	Reason Code	Start time End time or Hours	MO TO WO THO FO
Supervisor signature Date		Start time End time or Hours	_ MO TO WO THO FO
Paid by: Board □ Other:	Approval No.		
raid by. Board Dutier.	Approvarion		
Pro G# ProD Authorization Signature		Sub required: Y	es □ No □
		Specify EXACT time(s) of Re	
Pro G# ProD Authorization Signature		. ↓	
Pro G# ProD Authorization Signature Office Use Only Replacement #1 (name)		Specify EXACT time(s) of Re	eplacement:
Pro G# ProD Authorization Signature Office Use Only	FTE	Specify EXACT time(s) of Ref	eplacement: MD TD WD ThD FD MD TD WD ThD FD
Pro G# ProD Authorization Signature Office Use Only Replacement #1 (name)		Specify EXACT time(s) of RefFTE: □ Full Day	eplacement: MD TD WD ThD FD MD TD WD ThD FD
Pro G# ProD Authorization Signature Office Use Only Replacement #1 (name)		Specify EXACT time(s) of ReFTE: □ Full Day OR	MO TO WO THO FO MO TO WO THO FO
Pro G# ProD Authorization Signature Office Use Only Replacement #1 (name) Replacement #2 (name)	FTE	Specify EXACT time(s) of RefETE: Full Day OR PM OR OTHER:	MO TO WO THO FO MO TO WO THO FO
Pro G# ProD Authorization Signature Office Use Only Replacement #1 (name) Replacement #2 (name)		Specify EXACT time(s) of RefETE: Full Day	MO TO WO THO FO MO TO WO THO FO MO TO WO THO FO MO TO WO THO FO
Pro G# ProD Authorization Signature Office Use Only Replacement #1 (name) Replacement #2 (name)	FTE	Specify EXACT time(s) of RefETE: Full Day	MO TO WO THO FO MO TO WO THO FO MO TO WO THO FO MO TO WO THO FO