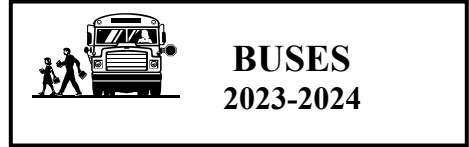


SCHOOL DISTRICT No.64 (Gulf Islands)

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



Date received at SBO:

NAME of Employee _____

Bus Rte. No: _____

First Day: _____ Last Day: _____

Date(s) of Absence

Collective Agreement Article # & Description _____

Employee Signature _____ Date _____

Supervisor signature _____ Date _____

Paid by: Board **Other:** _____

Pro G# _____ ProD Authorization Signature _____

Office Use Only

Replacement #1 (name) _____

Replacement #2 (name) _____

770-14200-0

Account: FPG OBJECT CC

PR Authorized Signature _____ Date _____

CDS: _____ Initials & Date: _____

OFFICE USE ONLY

36

No.

FTE

Reason Code

Approval No.

PR

AR

Specify EXACT time(s) of Absence:

FTE:

Full Day MO TO WO Th□ FO

OR

AM MO TO WO Th□ FO

OR

PM MO TO WO Th□ FO

OR

OTHER:

____ or _____ MO TO WO Th□ FO

Start time End time or Hours

____ or _____ MO TO WO Th□ FO

Start time End time or Hours

____ or _____ MO TO WO Th□ FO

Start time End time or Hours

Sub required: Yes **No**

↓

Specify EXACT time(s) of Replacement:

FTE:

Full Day MO TO WO Th□ FO

OR

AM MO TO WO Th□ FO

OR

PM MO TO WO Th□ FO

OR

OTHER:

____ or _____ MO TO WO Th□ FO

Start time End time or Hours

____ or _____ MO TO WO Th□ FO

Start time End time or Hours

____ or _____ MO TO WO Th□ FO

Start time End time or Hours