

**SCHOOL DISTRICT No.64 (Gulf Islands)**

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

**FERNWOOD**  
**2022-2023**

Date received at SBO:

<div style="border-bottom: 1px solid black; padding-bottom: 5px;">NAME of Employee</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>Work Location</span> <span>Position</span> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>First Day:</span> <span>Last Day:</span> </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 # &amp; Description</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>Employee Signature</span> <span>Date</span> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>P/VP/Supervisor signature</span> <span>Date</span> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">                 Paid by: Board <input type="checkbox"/> Other: _____             </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>Pro G#</span> <span>ProD Authorization Signature</span> </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;">                 EA - IEP REPLACEMENT _____   <input type="checkbox"/> TIC (for PVP) _____             </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>Account:</span> <span>FPG</span> <span>OBJECT</span> <span>CC</span> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>PR Authorized Signature</span> <span>Date</span> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">CDS: _____ Initials &amp; Date:</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"><b>OFFICE USE ONLY</b></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; font-size: 24px;"><b>7</b></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Location No.</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">FTE</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Reason Code</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Approval No.</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">FTE</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; font-size: 24px;"><b>PR AR</b></div>	<div style="background-color: black; color: white; padding: 5px; margin-bottom: 5px;">Specify EXACT time(s) of Absence:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>TEACHER</b>  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>8:20 am – 3:10 pm</div> <div>1.19 <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; margin-top: 5px;"> <div>8:20 am – 12:15 am <b>AM</b></div> <div>0.75 <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; margin-top: 5px;"> <div>1:00 pm – 3:10 pm <b>PM</b></div> <div>0.44 <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; margin-top: 10px;">OR</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>CUPE</b>  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Start time</div> <div>End time</div> <div>Hours</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; margin-top: 5px;"> <div>Start time</div> <div>End time</div> <div>Hours</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; margin-top: 5px;"> <div>Start time</div> <div>End time</div> <div>Hours</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> </div>
Sub required: Yes <input type="checkbox"/> No <input type="checkbox"/> ↓		
<div style="background-color: black; color: white; padding: 5px; margin-bottom: 5px;">Specify EXACT time(s) of Replacement:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>TEACHER</b>  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>8:20 am – 3:10 pm</div> <div>1.19 <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; margin-top: 5px;"> <div>8:20 am – 12:15 am <b>AM</b></div> <div>0.75 <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; margin-top: 5px;"> <div>1:00 pm – 3:10 pm <b>PM</b></div> <div>0.44 <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; margin-top: 10px;">OR</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>CUPE</b>  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Start time</div> <div>End time</div> <div>Hours</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; margin-top: 5px;"> <div>Start time</div> <div>End time</div> <div>Hours</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; margin-top: 5px;"> <div>Start time</div> <div>End time</div> <div>Hours</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> </div>		