

SCHOOL DISTRICT No.64 (Gulf Islands)

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

GENERAL

Date received at SBO:

NAME of Employee _____

Work Location _____ Position _____

First Day: _____ Last Day: _____

Date(s) of Absence _____

Collective Agreement Article # & Description _____

Employee Signature _____ Date _____

P/V/P/Supervisor Signature _____ Date _____

Office Use Only

Location No. _____

No. of days _____

Reason Code _____

Approval No. _____

No. of Days _____

Specify EXACT time(s) of absence:

FTE:

____ am - ____ pm **FULL DAY** MO TU WED TH FRI

____ am - ____ pm _____ MO TU WED TH FRI

OR

OTHER:

Start time End time FTE/hrs

____ _ MO TU WED TH FRI

____ _ MO TU WED TH FRI

____ _ MO TU WED TH FRI

____ _ MO TU WED TH FRI

____ _ MO TU WED TH FRI

Paid by: Board Other: _____

Pro G# _____ ProD Authorization Signature _____

Sub required: Yes No

↓

Replacement #1 (name) for Teacher and Office Use _____

Replacement #2 (name) for Teacher and Office Use _____

Replacement #3 (name) for Teacher and Office Use _____

Assignment: TCHR EA CLERK EO
 OPERATIONS P/V/P ECE

TIC (for PVP) _____

PR

AR

Specify EXACT time(s) of replacement:

FTE:

____ am - ____ pm **FULL DAY** MO TU WED TH FRI

____ am - ____ pm _____ MO TU WED TH FRI

OR

OTHER:

Start time End time FTE/hrs

____ _ MO TU WED TH FRI

____ _ MO TU WED TH FRI

____ _ MO TU WED TH FRI

____ _ MO TU WED TH FRI

____ _ MO TU WED TH FRI

Account: FPG OBJECT CC

PR Authorized Signature _____ Date _____

CDS: Initials & Date: _____