

SCHOOL DISTRICT No.64 (Gulf Islands)

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

FULFORD
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: 10px;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">EA IEP REPLACEMENT _____</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">TIC (for PVP) _____</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; font-size: 24px; font-weight: bold;">9</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: 24px; font-weight: bold;">PR AR</div>	<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">Specify EXACT time(s) of Absence:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">TEACHER FTE:</div> <div style="display: flex; justify-content: space-between; padding: 5px 0;"> <div>8:13 am – 3:00 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; padding: 5px 0;"> <div>8:13 am – 12:00 pm</div> <div>AM 0.70 <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; padding: 5px 0;"> <div>12:40 pm – 3:00 pm</div> <div>PM 0.49 <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="border-bottom: 1px solid black; padding-bottom: 5px;">OTHER TIMES AND ALL CUPE STAFF:</div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Start time</th> <th style="text-align: left;">End time</th> <th style="text-align: left;">FTE/hrs</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> </tbody> </table> <div style="text-align: center; padding: 10px 0;"> Sub required: Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="font-size: 24px;">↓</div> </div> <div style="background-color: black; color: white; padding: 5px; font-weight: bold;">Specify EXACT time(s) of Replacement:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">TEACHER FTE:</div> <div style="display: flex; justify-content: space-between; padding: 5px 0;"> <div>8:13 am – 3:00 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; padding: 5px 0;"> <div>8:13 am – 12:00 pm</div> <div>AM 0.70 <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; padding: 5px 0;"> <div>12:40 pm – 3:00 pm</div> <div>PM 0.49 <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="border-bottom: 1px solid black; padding-bottom: 5px;">OTHER TIMES AND ALL CUPE STAFF:</div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Start time</th> <th style="text-align: left;">End time</th> <th style="text-align: left;">FTE/hrs</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> </tbody> </table>	Start time	End time	FTE/hrs		_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	Start time	End time	FTE/hrs		_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
Start time	End time	FTE/hrs																																
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>																															
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>																															
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>																															
Start time	End time	FTE/hrs																																
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>																															
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>																															
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>																															