

SCHOOL DISTRICT No.64 (Gulf Islands)

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

GALIANO
2022-2023

Date received at SBO:

<p>NAME of Employee _____</p> <p>Work Location _____ Position _____</p> <p>First Day: _____ Last Day: _____</p> <p>Date(s) of Absence _____</p> <p>Collective Agreement Article # & Description _____</p> <p>Employee Signature _____ Date _____</p> <p>P/V/P/Supervisor Signature _____ Date _____</p> <p>Paid by: Board <input type="checkbox"/> Other: _____</p> <p>Pro G# _____ ProD Authorization Signature _____</p> <p>Replacement #1 (name) for Teacher and Office Use _____</p> <p>Replacement #2 (name) for Teacher and Office Use _____</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>TIC (for PVP) _____</p> <p>EA IEP REPLACEMENT _____</p> </div> <p>Account: _____ FPG _____ OBJECT _____ CC _____</p> <p>PR Authorized Signature _____ Date _____</p> <p>CDS: _____ Initials & Date: _____</p>	<p>OFFICE USE ONLY</p> <p>5</p> <p>Location No.</p> <p>FTE</p> <p>Reason Code</p> <p>Approval No.</p> <p>FTE</p> <p>PR</p> <p>AR</p>	<p>Specify EXACT time(s) of Absence:</p> <p>TEACHER FTE:</p> <p>8:35 am – 3:12 pm 1.19 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>8:35 am – 12:25 am AM 0.73 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>1:00 pm – 3:12 pm PM 0.46 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p style="text-align: center;">OR</p> <p>OTHER TIMES AND ALL CUPE STAFF:</p> <table style="width: 100%;"> <tr> <th>Start time</th> <th>End time</th> <th>FTE/hrs</th> <th></th> </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> 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