

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

Date received at SBO:

OFFICE USE ONLY	
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">NAME of Employee</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> Work Location Position </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> First Day: Last Day: </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;">Date(s) of Absence</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;">Collective Agreement Article # & Description</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> Employee Signature Date </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> P/V/P/Supervisor Signature Date </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> Paid by: Board <input type="checkbox"/> Other: _____ </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> Pro G# ProD Authorization Signature </div> </div>	
<div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;">Location No.</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;">FTE</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;">Reason Code</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;">Approval No.</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;">Specify EXACT time(s) of absence:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;"> <u>FTE:</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> __ am – __ pm FULL DAY <input type="checkbox"/> MO <input type="checkbox"/> TU <input type="checkbox"/> WD <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> __ am – __ pm <input type="checkbox"/> MO <input type="checkbox"/> TU <input type="checkbox"/> WD <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/> </div> </div> <div style="text-align: center; margin-top: 20px;">OR</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;"> <u>OTHER:</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Start time End time FTE/hrs </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WD <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WD <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WD <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WD <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WD <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/> </div> </div>

| 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)** _____ Account: FPG OBJECT CC PR Authorized Signature Date CDS: _____ Initials & Date: _____ | |
| FTE | Specify EXACT time(s) of replacement: FTE: __ am – __ pm FULL DAY ☐ MO ☐ TU ☐ WD ☐ Th ☐ FO ☐ __ am – __ pm ☐ MO ☐ TU ☐ WD ☐ Th ☐ FO ☐ OR OTHER: Start time End time FTE/hrs _____ _____ _____ MO ☐ TU ☐ WD ☐ Th ☐ FO ☐ _____ _____ _____ MO ☐ TU ☐ WD ☐ Th ☐ FO ☐ _____ _____ _____ MO ☐ TU ☐ WD ☐ Th ☐ FO ☐ _____ _____ _____ MO ☐ TU ☐ WD ☐ Th ☐ FO ☐ _____ _____ _____ MO ☐ TU ☐ WD ☐ Th ☐ FO ☐ |