SCHOOL DISTRICT No.64 (Gulf Islands)

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

GENERAL 2022-2023

Date received at SBO:

	OFFICE USE ONLY	
NAME of Employee		Specify EXACT time(s) of absence:
	-	FTE:
Work Location Position	Location No.	_:am:pm FULL DAY O MO TO WO ThO FO
First Day: Last Day:		_:am:pm
Date(s) of Absence	•	OR
	FTE	OK .
Collective Agreement Article # & Description	-	OTHER:
good and a good page and a goo		Start time End time FTE/hrs
	Reason Code	MO TO WO ThO FO
Employee Signature Date		MO TO WO THO FO
		MO TO WO THO FO
P/VP/Supervisor Signature Date		MO TO WO ThO FO
	Approval No.	MO TO WO THO FO
Paid by: Board Other: Pro G# ProD Authorization Signature		Sub required: Yes □ No □
Replacement #1 (name) for Teacher and Office Use	-	Specify EXACT time(s) of replacement:
Treplacement #1 (name) for reacher and office ose		
Replacement #2 (name) for Teacher and Office Use	FTE	<u>FTE:</u> _:am:pm
Replacement #3 (name) for Teacher and Office Use		_:am:pm
Assignment: TCHR □ EA □ CLERK □ EO □		OR
OPERATIONS □ P/VP □ ECE □		- OK
TIC (for PVP)		OTHER:
		Start time End time FTE/hrs
	PR	
Account: FPG OBJECT CC		
	AR	
PR Authorized Signature	AR	MO TO WO THO FO
PR Authorized Signature Date CDS: Initials & Date:	AR	