

SCHOOL DISTRICT No.64 (Gulf Islands)

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

GULF ISLANDS SECONDARY

2022-2023

Date received at SBO: _____

<div style="border-bottom: 1px solid black; margin-bottom: 5px;">NAME of Employee</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Work Location Position </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> First Day: Last Day: </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date(s) of Absence</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Collective Agreement Article # & Description</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Employee Signature Date </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> P/VP/Supervisor Signature Date </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; padding-top: 10px;"> Paid by: Board <input type="checkbox"/> Other: _____ </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Pro G# ProD Authorization Signature </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; padding-top: 10px;"> Replacement #1 (name) for Teacher and Office Use </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; padding-top: 10px;"> Replacement #2 (name) for Teacher and Office Use </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">TIC (for PVP) _____</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">EA IEP REPLACEMENT _____</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Account: FPG OBJECT CC </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> PR Authorized Signature Date </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> CDS: Initials & Date: </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; font-size: 24px;">10</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Location No.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">FTE</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Reason Code</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Approval No.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">FTE</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; font-size: 24px;">PR</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; font-size: 24px;">AR</div>	<div style="background-color: black; color: white; padding: 2px; margin-bottom: 5px;">Specify EXACT time(s) of Absence:</div> <div style="margin-bottom: 10px;"> Full Day 8:54 am – 4:05 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"/> <div style="text-align: center;">OR</div> </div> <div style="margin-bottom: 10px;"> Partial Day (Please Specify Block A B C D) M T W Th F <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 8:54 am - 10:55 am ————— </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 11:00 am - 12:25 pm ————— </div> <div style="margin-top: 5px;">LUNCH</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 1:15 pm - 2:40 pm ————— </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 2:45 pm - 4:05 pm ————— </div> <div style="text-align: center; margin-top: 5px;">OR</div> </div> <div> OTHER: <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;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> </div> </div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px; padding-top: 10px;"> Sub required: Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div style="text-align: center; margin-bottom: 5px;">↓</div> <div style="background-color: black; color: white; padding: 2px; margin-bottom: 5px;">Specify EXACT time(s) of Replacement:</div> <div style="margin-bottom: 10px;"> Full Day 8:55 am – 4:10 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"/> <div style="text-align: center;">OR</div> </div> <div style="margin-bottom: 10px;"> Partial Day (Please Specify Block A B C D) M T W Th F <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 8:54 am - 10:55 am ————— </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 11:00 am - 12:25 pm ————— </div> <div style="margin-top: 5px;">LUNCH</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 1:15 pm - 2:40 pm ————— </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 2:45 pm - 4:05 pm ————— </div> <div style="text-align: center; margin-top: 5px;">OR</div> </div> <div> OTHER: <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;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> </div> </div>		