SCHOOL DISTRICT No.64 (Gulf Islands)

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



Date received at SBO:

| | OFFICE USE ONLY | | | |
|--|--------------------|--|-------------------------------------|---|
| NAME of Employee | | Specify EXACT time | (s) of Abser | nce: |
| Grounds Department | 31 | | | |
| Work Location | No. | FTE: | | |
| First Day: Last Day: | | 8:00 am – 4:30 pm | 1.0 □ | MO TO WO ThO FO |
| Date(s) of Absence | • | Half-Day | 0.5 □ | MO TO WO ThO FO |
| | FTE | | OR | |
| Collective Agreement Article # & Description | • | | | |
| | | Start time End time | Hours | MO TO WO THO FO |
| Employee Signature Date | Reason Code | | OR | |
| | | | OK | |
| Supervisor signature Date | Approval No. | Hours | | MO TO WO ThO FO |
| | | | | |
| Paid by: Board Other: | | | | |
| | | | | |
| Pro G# ProD Authorization Signature | | Sub require | ed: Yes | □ No □ |
| Pro G# ProD Authorization Signature Office Use Only | | Sub require | \ | |
| Office Use Only | | _ | \ | |
| | | Specify EXACT time | ∜ (s) of Repla | cement: |
| Office Use Only Replacement #1 (name) | | Specify EXACT time FTE: 8:00 am - 4:30 pm | ∜ (s) of Repla | cement: Mo To Wo Tho Fo |
| Office Use Only | FTE | Specify EXACT time | ∜ (s) of Repla | cement: |
| Office Use Only Replacement #1 (name) | FILE | Specify EXACT time FTE: 8:00 am - 4:30 pm | ∜ (s) of Repla | cement: Mo To Wo Tho Fo |
| Office Use Only Replacement #1 (name) | FTE | Specify EXACT time FTE: 8:00 am - 4:30 pm Half-Day | (s) of Repla | cement: Mo To Wo Tho Fo |
| Office Use Only Replacement #1 (name) | FTE | Specify EXACT time FTE: 8:00 am - 4:30 pm | ∜ (s) of Repla 1.0 □ 0.5 □ | Cement: Mo To Wo Tho Fo Mo To Wo Tho Fo |
| Office Use Only Replacement #1 (name) Replacement #2 (name) 552 14200 0 | FTE | Specify EXACT time FTE: 8:00 am - 4:30 pm Half-Day | (s) of Repla | Cement: Mo To Wo Tho Fo Mo To Wo Tho Fo |
| Office Use Only Replacement #1 (name) Replacement #2 (name) | FTE | Specify EXACT time FTE: 8:00 am - 4:30 pm Half-Day | (s) of Repla | Cement: Mo To Wo Tho Fo Mo To Wo Tho Fo |
| Office Use Only Replacement #1 (name) Replacement #2 (name) 552 14200 0 Account: FPG OBJECT CC | FTE | Specify EXACT time FTE: 8:00 am - 4:30 pm Half-Day | (s) of Repla | MO TO WO THO FO MO TO WO THO FO MO TO WO THO FO |
| Office Use Only Replacement #1 (name) Replacement #2 (name) 552 14200 0 | FTE | Specify EXACT time FTE: 8:00 am – 4:30 pm Half-Day Start time End time | (s) of Repla | MO TO WO THO FO MO TO WO THO FO MO TO WO THO FO |