

SCHOOL DISTRICT No.64 (Gulf Islands)

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



GROUNDS
2022-2023

Date received at SBO:

<p>NAME of Employee</p> <hr/> <p style="text-align: center;">Grounds Department</p> <hr/> <p>Work Location</p> <hr/> <p>First Day: _____ Last Day: _____</p> <hr/> <p>Date(s) of Absence</p> <hr/> <p>Collective Agreement Article # & Description</p> <hr/> <p>Employee Signature _____ Date _____</p> <hr/> <p>Supervisor signature _____ Date _____</p> <hr/> <p>Paid by: Board <input type="checkbox"/> Other: _____</p> <hr/> <p>Pro G# _____ ProD Authorization Signature _____</p> <hr/> <p style="text-align: center;">Office Use Only</p> <hr/> <p>Replacement #1 (name)</p> <hr/> <p>Replacement #2 (name)</p> <hr/> <div style="display: flex; justify-content: space-between;"> Account: 552 14200 0 </div> <hr/> <div style="display: flex; justify-content: space-between;"> FPG OBJECT CC </div> <hr/> <p>PR Authorized Signature _____ Date _____</p> <hr/> <p>CDS: _____ Initials & Date: _____</p>	<p>OFFICE USE ONLY</p> <hr/> <p style="font-size: 2em;">31</p> <hr/> <p>No.</p> <hr/> <p>FTE</p> <hr/> <p>Reason Code</p> <hr/> <p>Approval No.</p> <hr/> <p>FTE</p>	<p>Specify EXACT time(s) of Absence:</p> <hr/> <p>FTE:</p> <p>8:00 am – 4:30 pm 1.0 <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>Half-Day 0.5 <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>____ Start time ____ End time ____ Hours 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>____ Hours M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <hr/> <p style="text-align: center;">Sub required: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Specify EXACT time(s) of Replacement:</p> <hr/> <p>FTE:</p> <p>8:00 am – 4:30 pm 1.0 <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>Half-Day 0.5 <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>____ Start time ____ End time ____ Hours 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>____ Hours M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p>
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