SCHOOL DISTRICT No.64 (Gulf Islands)

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

MAYNE 2022-2023

Date received at SBO:

	OFFICE USE ONLY
NAME of Employee	Specify EXACT time(s) of Absence:
Work Location Position	TEACHER <u>FTE:</u>
	Location No. 8:40 am - 3:30 pm 1.19 M T W Th F
First Day: Last Day:	8:40 am – 12:05 am AM 0.67□ M□ T□ W□ Th□ F□
Date(s) of Absence	12:50 pm – 3:30 pm PM 0.52 M T W Th F
Collective Agreement Article # & Description	OR
Confective Agreement Atticle # & Description	
	OTHER TIMES AND ALL CUPE:
Employee Signature Date	Reason Code Start time End time FTE/hrs
	Harris Harris MO TO WO THO FO
P/VP/Supervisor Signature Date	-
	M□ T□ W□ Th□ F□ Mpproval No.
Paid by: Board Other:	
	Sub required: Yes □ No □
Pro G# ProD Authorization Signature	
	Specify EXACT time(s) of Replacement:
Replacement #1 (name) for Teacher and Office Use	
	TEACHER <u>FTE:</u>
Replacement #2 (name) for Teacher and Office Use	8:40 am — 3:30 pm 1.19
	8:40 am – 12:05 am AM 0.67 M T W Th F
TIC (for PVP)	12:50 pm − 3:30 pm PM 0.52□ M□ T□ W□ Th□ F□
EA IEP REPLACEMENT	OR OR
EATER REFEROLINENT	OTHER TIMES AND ALL CURE.
	OTHER TIMES AND ALL CUPE: Stort time Food time FTE/bro
Account: FPG OBJECT CC	Start time End time FTE/hrs PR
	MD TO WD THE CO
DD Authorized Cignoture	AR Mo To We The Fe
PR Authorized Signature Date	
CDS: Initials & Date:	