

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**

3

Location No.

FTE

Reason Code

Approval No.

FTE

PR

AR

NAME of Employee

Work Location

Position

First Day:

Last Day:

Date(s) of Absence

Collective Agreement Article # & Description

Employee Signature

Date

P/VP/Supervisor Signature

Date

Paid by: Board ☐ Other: _____

Pro G#

ProD Authorization Signature

Replacement #1 (name) for Teacher and Office Use

Replacement #2 (name) for Teacher and Office Use

TIC (for PVP) _____

EA IEP REPLACEMENT _____

Account:

FPG

OBJECT

CC

PR Authorized Signature

Date

CDS: Initials & Date:

Specify EXACT time(s) of Absence:

TEACHER FTE:

8:40 am – 3:30 pm 1.19 ☐ M ☐ T ☐ W ☐ Th ☐ F

8:40 am – 12:05 am **AM** 0.67 ☐ M ☐ T ☐ W ☐ Th ☐ F

12:50 pm – 3:30 pm **PM** 0.52 ☐ M ☐ T ☐ W ☐ Th ☐ F

OR

OTHER TIMES AND ALL CUPE:

Start time End time FTE/hrs

_____ M ☐ T ☐ W ☐ Th ☐ F

_____ M ☐ T ☐ W ☐ Th ☐ F

_____ M ☐ T ☐ W ☐ Th ☐ F

Sub required: Yes ☐ No ☐



Specify EXACT time(s) of Replacement:

TEACHER FTE:

8:40 am – 3:30 pm 1.19 ☐ M ☐ T ☐ W ☐ Th ☐ F

8:40 am – 12:05 am **AM** 0.67 ☐ M ☐ T ☐ W ☐ Th ☐ F

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OR

OTHER TIMES AND ALL CUPE:

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_____ M ☐ T ☐ W ☐ Th ☐ F

_____ M ☐ T ☐ W ☐ Th ☐ F