

SCHOOL DISTRICT No.64 (Gulf Islands)

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

PENDER
2022-2023

Date received at SBO:

<div style="border-bottom: 1px solid black; margin-bottom: 10px;">NAME of Employee</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <div>Work Location</div> <div>Position</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <div>First Day:</div> <div>Last Day:</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Date(s) of Absence</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Collective Agreement Article # & Description</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <div>Employee Signature</div> <div>Date</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <div>P/V/P/Supervisor Signature</div> <div>Date</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <p>Paid by: Board <input type="checkbox"/> Other: _____</p> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <div>Pro G#</div> <div>ProD Authorization Signature</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; height: 40px;"> <p>Replacement #1 (name) for Teacher and Office Use</p> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; height: 40px;"> <p>Replacement #2 (name) for Teacher and Office Use</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>TIC (for PVP) _____</p> <p>EA IEP REPLACEMENT _____</p> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <div>Account:</div> <div>FPG</div> <div>OBJECT</div> <div>CC</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <div>PR Authorized Signature</div> <div>Date</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <p>CDS: Initials & Date:</p> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;">OFFICE USE ONLY</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; font-size: 24px;">8</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Location No.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">FTE</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Reason Code</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Approval No.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">FTE</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; font-size: 24px;">PR AR</div>	<div style="background-color: black; color: white; padding: 5px; margin-bottom: 10px;">Specify EXACT time(s) of Absence:</div> <div style="margin-bottom: 10px;">TEACHER FTE:</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div>K – 7 <input type="checkbox"/></div> <div>8:45 – 3:30</div> <div>Full Day <input type="checkbox"/></div> <div>MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div>K – 7 <input type="checkbox"/></div> <div>8:45 – 11:55</div> <div>AM <input type="checkbox"/></div> <div>MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div>K – 7 <input type="checkbox"/></div> <div>12:40 – 3:30</div> <div>PM <input type="checkbox"/></div> <div>MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div>8-12 <input type="checkbox"/></div> <div>8:45 – 3:50</div> <div>Full Day <input type="checkbox"/></div> <div>MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/></div> </div> <div style="display: flex; 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padding: 5px; margin-bottom: 10px;">Specify EXACT time(s) of Replacement:</div> <div style="margin-bottom: 10px;">TEACHER FTE:</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div>K – 7 <input type="checkbox"/></div> <div>8:45 – 3:30</div> <div>Full Day <input type="checkbox"/></div> <div>MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div>K – 7 <input type="checkbox"/></div> <div>8:45 – 11:55</div> <div>AM <input type="checkbox"/></div> <div>MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div>K – 7 <input type="checkbox"/></div> <div>12:40 – 3:30</div> <div>PM <input type="checkbox"/></div> <div>MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/></div> </div> <div style="display: flex; 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