

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:

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 <input type="checkbox"/> 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: _____

OFFICE USE ONLY
8
Location No.
FTE
Reason Code
Approval No.
FTE
PR AR

Specify EXACT time(s) of Absence:

TEACHER FTE:

K - 7 <input type="checkbox"/>	8:45 - 3:30	Full Day <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
K - 7 <input type="checkbox"/>	8:45 - 11:55	AM <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
K - 7 <input type="checkbox"/>	12:40 - 3:30	PM <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
8-12 <input type="checkbox"/>	8:45 - 3:50	Full Day <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
8-12 <input type="checkbox"/>	8:45 - 11:55	AM <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
8-12 <input type="checkbox"/>	12:40 - 3:50	PM <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>

OTHER TIMES AND ALL CUPE:

Start time	End time	FTE/hrs	
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>

Sub required: Yes No

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Specify EXACT time(s) of Replacement:

TEACHER FTE:

K - 7 <input type="checkbox"/>	8:45 - 3:30	Full Day <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
K - 7 <input type="checkbox"/>	8:45 - 11:55	AM <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
K - 7 <input type="checkbox"/>	12:40 - 3:30	PM <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
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