

SCHOOL DISTRICT No.64 (Gulf Islands)

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



PLANT SERVICES
2022-2023

Date received at SBO:

<div style="border-bottom: 1px solid black; padding-bottom: 5px;">NAME of Employee</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Plant Services</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Work Location</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> First Day: Last Day: </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date(s) of Absence</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Collective Agreement Article # & Description</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> Employee Signature Date </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> Supervisor signature Date </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Paid by: Board <input type="checkbox"/> Other: _____ </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> Pro G# ProD Authorization Signature </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Office Use Only</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Replacement #1 (name)</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Replacement #2 (name)</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> Account: 550 FPG 14200 OBJECT 0 CC </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> PR Authorized Signature Date </div> <div style="display: flex; justify-content: space-between; padding-bottom: 5px;"> CDS: Initials & Date: </div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">OFFICE USE ONLY</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; font-size: 24pt; font-weight: bold;">30</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">No.</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">FTE</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Reason Code</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">Approval No.</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">FTE</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px; background-color: black; color: white; text-align: center;">Specify EXACT time(s) of Absence:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> FTE: 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"/> Half-Day (4 hours) 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"/> </div> <div style="text-align: center; padding: 10px 0;">OR</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> Start time End time Hours </div> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> </div> <div style="text-align: center; padding: 10px 0;">OR</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> Hours M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> </div> </div> <div style="text-align: center; padding: 20px 0;"> Sub required: Yes <input type="checkbox"/> No <input type="checkbox"/> ↓ </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px; background-color: black; color: white; text-align: center;">Specify EXACT time(s) of Replacement:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> FTE: 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"/> Half-Day (4 hours) 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"/> </div> <div style="text-align: center; padding: 10px 0;">OR</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> Start time End time Hours </div> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> </div> <div style="text-align: center; padding: 10px 0;">OR</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> Hours M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> </div> </div>
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