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:

	OFFICE USE ONLY			
NAME of Employee		Specify EXACT time	e(s) of Abser	ice:
Plant Services	30			
Work Location	No.	FTE:		
First Day: Last Day:		8:00 am – 4:30 pm	1.0 🗆	MO TO WO THO FO
Date(s) of Absence		Half-Day (4 hours)	0.5 🗆	MO TO WO THO FO
	FTE		OR	
Collective Agreement Article # & Description	•		••••	
		Start time End time	Hours	MO TO WO THO FO
Employee Signature Date	Reason Code			
			OR	
Supervisor signature Date	-			MO TO WO THO FO
Supervisor signature Date	Approval No.	Hours		
Paid by: Board 🛛 Other:				
Pro G# ProD Authorization Signature		Sub require	ed: Yes	□ No □
Office Use Only		Specify EXACT time	e(s) of Repla	cement:
Replacement #1 (name)		Specify EXACT time	e(s) of Repla	cement:
Replacement #1 (name)		FTE: 8:00 am – 4:30 pm	▼ e(s) of Repla 1.0 □	Cement: Mo to Wo Tho Fo
	FTE	<u>FTE:</u>		
Replacement #1 (name)	FTE	FTE: 8:00 am – 4:30 pm	1.0 🗆	MO TO WO THO FO
Replacement #1 (name)	FTE	FTE: 8:00 am – 4:30 pm	1.0 □ 0.5 □	MO TO WO THO FO
Replacement #1 (name) Replacement #2 (name) 550 14200 0	FTE	FTE: 8:00 am – 4:30 pm Half-Day (4 hours)	1.0 □ 0.5 □ OR	Мо то Wo Tho Fo Mo To Wo Tho Fo
Replacement #1 (name) Replacement #2 (name)	FTE	FTE: 8:00 am – 4:30 pm Half-Day (4 hours)	1.0 □ 0.5 □ OR Hours	Мо то Wo Tho Fo Mo To Wo Tho Fo
Replacement #1 (name) Replacement #2 (name) 550 14200 0	FTE	FTE: 8:00 am – 4:30 pm Half-Day (4 hours) Start time End time	1.0 □ 0.5 □ OR Hours	M0 T0 W0 Th0 F0 M0 T0 W0 Th0 F0 M0 T0 W0 Th0 F0