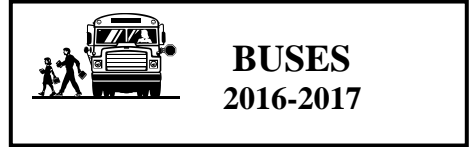


SCHOOL DISTRICT #64 (Gulf Islands)

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



Date received at SBO:

NAME of Employee _____

Bus Rte. No: _____

First Day: _____ Last Day: _____

Date(s) of Absence _____

Reason for Absence _____

Employee Signature _____ Date _____

Supervisor signature/Ken Garner _____ Date _____

Office Use Only

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No. _____

No. of days _____

Reason Code _____

Approval No. _____

Specify EXACT time(s) of Absence:

FTE:

6:45 am – 5:35 pm 1.0 MO TU W TH F S OR

6:45 am – ___am **AM** MO TU W TH F S OR

2:35 pm – ___pm **PM** MO TU W TH F S OR

Month _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

OTHER:

____ or _____ MO TU W TH F S OR

Start time End time Hours

____ or _____ MO TU W TH F S OR

Start time End time Hours

____ or _____ MO TU W TH F S OR

Start time End time Hours

Paid by: Board Other: _____

Pro D or Pro G Authorization Signature

Sub required: Yes No

↓

Office Use Only

Replacement #1 (name) _____

Replacement #2 (name) _____

770-14200-0

Account: FPG OBJECT CC

PR Authorized Signature _____ Date _____

CDS: _____ Initials & Date: _____

No. of Days _____

PR

AR

Specify EXACT time(s) of Replacement:

FTE:

6:45 am – 5:35 pm 1.0 MO TU W TH F S OR

6:45 am – ___am **AM** MO TU W TH F S OR

2:35 pm – ___pm **PM** MO TU W TH F S OR

Month _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

OTHER:

____ or _____ MO TU W TH F S OR

Start time End time Hours

____ or _____ MO TU W TH F S OR

Start time End time Hours

____ or _____ MO TU W TH F S OR

Start time End time Hours