

SCHOOL DISTRICT #64 (Gulf Islands)

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

FERNWOOD
 2016-2017

Date received at SBO:

| | | | |
|---|-----------|--|----|
| NAME of Employee | | <u>Office Use Only</u> 7 Location No. No. of days Reason Code Approval No. No of Days PR AR | |
| Work Location | Position | | |
| First Day: | Last Day: | | |
| Date(s) of Absence | | | |
| Reason for Absence | | | |
| Employee Signature | Date | | |
| P/VP/Supervisor signature | Date | | |
| Paid by: Board <input type="checkbox"/> Other: _____ _____ Pro D or Pro G Authorization Signature | | | |
| Replacement #1 (name) | | | |
| Replacement #2 (name) | | | |
| EA - IEP REPLACEMENT _____ <input type="checkbox"/> TIC (for PVP) _____ | | | |
| Account: | FPG | OBJECT | CC |
| PR Authorized Signature | | Date | |
| CDS: _____ | | Initials & Date: | |

Specify EXACT time(s) of Absence:

| | | | | | | |
|----------------------------|-------------------------------|---------|-----|-------|-----|----------------|
| TEACHER | FTE: | | | | | |
| 8:25am - 3:20pm | 1.19 <input type="checkbox"/> | MO | TO | WO | Th | FO |
| 8:25am - 11:30am AM | 0.60 <input type="checkbox"/> | MO | TO | WO | Th | FO |
| 12:15pm - 3:20pm PM | 0.59 <input type="checkbox"/> | MO | TO | WO | Th | FO |
| OR | | | | | | |
| Month _____ | Mon | Tues | Wed | Thurs | Fri | |
| OR | | | | | | |
| OTHER: | | | | | | |
| Start time | End time | FTE/hrs | | | | MO TO WO Th FO |
| Start time | End time | FTE/hrs | | | | MO TO WO Th FO |
| Start time | End time | FTE/hrs | | | | MO TO WO Th FO |

Sub required: Yes No



Specify EXACT time(s) of Replacement:

| | | | | | | |
|----------------------------|-------------------------------|---------|-----|-------|-----|----------------|
| TEACHER | FTE: | | | | | |
| 8:25am - 3:20pm | 1.19 <input type="checkbox"/> | MO | TO | WO | Th | FO |
| 8:25am - 11:30am AM | 0.60 <input type="checkbox"/> | MO | TO | WO | Th | FO |
| 12:15pm - 3:20pm PM | 0.59 <input type="checkbox"/> | MO | TO | WO | Th | FO |
| OR | | | | | | |
| Month _____ | Mon | Tues | Wed | Thurs | Fri | |
| OR | | | | | | |
| OTHER: | | | | | | |
| Start time | End time | FTE/hrs | | | | MO TO WO Th FO |
| Start time | End time | FTE/hrs | | | | MO TO WO Th FO |
| Start time | End time | FTE/hrs | | | | MO TO WO Th FO |