

**SCHOOL DISTRICT #64 (Gulf Islands)**

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

**FULFORD**  
**2016-2017**

Date received at SBO:

<p>Name of Employee _____</p> <p>Work Location _____ Position _____</p> <p>First Day: _____ Last Day: _____</p> <p><b>Date(s) of Absence</b> _____</p> <p>Reason for Absence _____</p> <p>Employee Signature _____ Date _____</p> <p>P/VP/Supervisor signature _____ Date _____</p> <p><b>Paid by: Board <input type="checkbox"/> Other: _____</b></p> <p>_____</p> <p>Pro D or Pro G Authorization Signature</p> <p>Replacement #1 (name) _____</p> <p>Replacement #2 (name) _____</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>EA IEP REPLACEMENT _____</p> <p>TIC (for PVP) _____</p> </div> <p>Account:      FPG      OBJECT      CC</p> <p>PR Authorized Signature _____ Date _____</p> <p>CDS:      Initials &amp; Date: _____</p>	<p><u>CDS Only</u></p> <p><b>9</b></p> <p>Location No.</p> <p>No. of days</p> <p>Reason Code</p> <p>Approval No.</p> <p>No. Days</p> <p><b>PR</b></p> <p><b>AR</b></p>	<p><b>Specify EXACT time(s) of Absence:</b></p> <p><u>FTE:</u></p> <p>8:13 am – 2:57 pm      1.19 <input type="checkbox"/>      M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>8:13 am – 12:00 pm    <b>AM</b>    0.71 <input type="checkbox"/>      M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>12:40 pm – 2:57 pm    <b>PM</b>    0.48 <input type="checkbox"/>      M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p style="text-align: center;">OR</p> <p>Month _____      Mon      Tues      Wed      Thurs      Fri</p> <p style="text-align: center;">OR</p> <p><b>OTHER:</b></p> <table style="width:100%; 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