

SCHOOL DISTRICT #64 (Gulf Islands)

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

GALIANO
2016-2017

Date received at SBO:

NAME of Employee _____		Office Use Only
Work Location _____ Position _____		5
First Day: _____	Last Day: _____	Location No.
Date(s) of Absence _____		No. of days
Reason for Absence _____		Reason Code
Employee Signature _____	Date _____	Approval No.
P/VP/Supervisor Signature _____	Date _____	No. of Days
Paid by: Board <input type="checkbox"/> Other: _____		PR AR
_____ Pro D or Pro G Authorization Signature		
Replacement #1 (name) _____		
Replacement #2 (name) _____		
TIC (for PVP) _____ EA IEP REPLACEMENT _____		
Account: _____	FPG _____ OBJECT _____ CC _____	
PR Authorized Signature _____	Date _____	
CDS: _____	Initials & Date: _____	

Specify EXACT time(s) of Absence:

FTE:

9:00 am – 3:35 pm 1.19 M T W Th F S

9:00 am – 12:05 pm **AM** 0.59 M T W Th F S

12:30 pm – 3:35 pm **PM** 0.60 M T W Th F S

OR

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

OR

OTHER:

Start time	End time	FTE/hrs	
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S

Sub required: Yes No

↓

Specify EXACT time(s) of Replacement:

FTE:

9:00 am – 3:35 pm 1.19 M T W Th F S

9:00 am – 12:05 pm **AM** 0.59 M T W Th F S

12:30 pm – 3:35 pm **PM** 0.60 M T W Th F S

OR

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

OR

OTHER:

Start time	End time	FTE/hrs	
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S