

SCHOOL DISTRICT #64 (Gulf Islands)

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

GALIANO
 2017-2018

Date received at SBO:

NAME of Employee		Office Use Only 5 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)			
TIC (for PVP) _____ EA IEP REPLACEMENT _____			
Account:	FPG	OBJECT	CC
PR Authorized Signature		Date	
CDS: Initials & Date:			

Specify EXACT time(s) of Absence:

TEACHER FTE:

9:00 am – 3:35 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"/>
9:00 am – 12:15 pm	AM 0.63 <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	Th <input type="checkbox"/>	F <input type="checkbox"/>
12:40 pm – 3:35 pm	PM 0.56 <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	Th <input type="checkbox"/>	F <input type="checkbox"/>

OR

OTHER TIMES AND ALL CUPE STAFF:

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"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>

Sub required: Yes No

↓

Specify EXACT time(s) of Replacement:

TEACHER FTE:

9:00 am – 3:35 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"/>
9:00 am – 12:15 pm	AM 0.63 <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	Th <input type="checkbox"/>	F <input type="checkbox"/>
12:40 pm – 3:35 pm	PM 0.56 <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	Th <input type="checkbox"/>	F <input type="checkbox"/>

OR

OTHER TIMES AND ALL CUPE STAFF:

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"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>