

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:

8:55 am – 3:35 pm 1.19 M T W Th F S

8:55 am –12:15 pm **AM** 0.65 M T W Th F S

12:45 pm – 3:35 pm **PM** 0.54 M T W Th F S

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"/> 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

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Specify EXACT time(s) of Replacement:

TEACHER FTE:

8:55 am – 3:35 pm 1.19 M T W Th F S

8:55 am –12:15 pm **AM** 0.65 M T W Th F S

12:45 pm – 3:35 pm **PM** 0.54 M T W Th F S

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"/> 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