

SCHOOL DISTRICT #64 (Gulf Islands)

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

GENERAL
2016-2017

Date received at SBO:

NAME of Employee	
Work Location	Position
First Day:	Last Day:
Date(s) of Absence	
Reason for Absence	
Employee Signature	Date
P/V/P/Supervisor Signature	Date
Paid by: Board <input type="checkbox"/> Other: _____ _____ Pro D or Pro G Authorization Signature	
Replacement #1 (name)	
Replacement #2 (name)	
Replacement #3 (name)	
Assignment: TCHR <input type="checkbox"/> EA <input type="checkbox"/> CLERK <input type="checkbox"/> EO <input type="checkbox"/> OPERATIONS <input type="checkbox"/> PVP <input type="checkbox"/> ECE <input type="checkbox"/> TIC (for PVP) _____	
Account:	FPG OBJECT CC
PR Authorized Signature	Date
CDS: Initials & Date:	

<u>Office Use Only</u>
Location No. _____
No. of days _____
Reason Code _____
Approval No. _____
No. of Days _____
PR AR

Specify EXACT time(s) of absence:	
<u>FTE:</u>	
:__ am - __:__ pm FULL DAY <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
:__ am - __:__ pm _____ <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
OR	
Month _____	Mon Tues Wed Thurs Fri
OR	
OTHER:	
Start time _____	End time _____
_____	FTE/hrs _____
_____	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>

Sub required: Yes No

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Specify EXACT time(s) of replacement:	
<u>FTE:</u>	
:__ am - __:__ pm FULL DAY <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
:__ am - __:__ pm _____ <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
OR	
Month _____	Mon Tues Wed Thurs Fri
OR	
OTHER:	
Start time _____	End time _____
_____	FTE/hrs _____
_____	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>