

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

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

**GULF ISLANDS SECONDARY**  
2016-2017

Date received at SBO:

<p>NAME of Employee _____</p> <hr/> <p>Work Location _____ Position _____</p> <hr/> <p>First Day: _____ Last Day: _____</p> <p><b>Date(s) of Absence</b> _____</p> <hr/> <p>Reason for Absence _____</p> <hr/> <p>Employee Signature _____ Date _____</p> <hr/> <p>P/VP/Supervisor Signature _____ Date _____</p>	<p><u>Office Use Only</u></p> <p><b>10</b></p> <hr/> <p><u>Location No.</u></p> <hr/> <p><u>No. of days</u></p> <hr/> <p><u>Reason Code</u></p> <hr/> <p><u>Approval No.</u></p> <hr/> <p><u>No. of Days</u></p>	<p><b>Specify EXACT time(s) of Absence:</b></p> <p style="text-align: right;"><u>FTE:</u></p> <p>8:55 am – 4:10 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"/>               8:55 am –12:30 pm    <b>AM</b>    0.69 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>               1:35 pm – 4:10 pm    <b>PM</b>    0.50 <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> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>Blocks (Please Specify A B C etc.)</b></td> <td style="width:5%;"><b>M</b></td> <td style="width:5%;"><b>T</b></td> <td style="width:5%;"><b>W</b></td> <td style="width:5%;"><b>Th</b></td> <td style="width:5%;"><b>F</b></td> </tr> <tr> <td>8:55 am - 10:10 am</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>10:10 am –11:15 am (flex)</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>11:15 am - 12:30 pm</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td style="text-align: center;"><b>LUNCH</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1:35 pm - 2:55 pm</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> <tr> <td>2:55 pm - 4:10 pm</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> </tr> </table> <p style="text-align: center;">OR</p> <p><b>OTHER:</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Start time</td> <td style="width:20%;">End time</td> <td style="width:20%;">FTE/hrs</td> <td style="width:40%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: right;">M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> </table>	<b>Blocks (Please Specify A B C etc.)</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>Th</b>	<b>F</b>	8:55 am - 10:10 am	—	—	—	—	—	10:10 am –11:15 am (flex)	—	—	—	—	—	11:15 am - 12:30 pm	—	—	—	—	—	<b>LUNCH</b>						1:35 pm - 2:55 pm	—	—	—	—	—	2:55 pm - 4:10 pm	—	—	—	—	—	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"/>
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