

SCHOOL DISTRICT #64 (Gulf Islands)

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



Date received at SBO:

NAME of Employee		Office Use Only
Grounds Department		31
Work Location		No.
First Day:	Last Day:	No. of days
Date(s) of Absence		Reason Code
Reason for Absence		Approval No.
Employee Signature	Date	
Supervisor signature	Date	
Paid by: Board <input type="checkbox"/> Other: _____ _____ Pro D or Pro G Authorization Signature		
Office Use Only		
Replacement #1 (name)		No. of Days
Replacement #2 (name)		
Account:	552 14200 0	
	FPG OBJECT CC	
PR Authorized Signature	Date	
CDS:	Initials & Date:	

Specify EXACT time(s) of Absence:

FTE:

8:00 am – 4:30 pm 1.0 M T W Th F

Half-Day 0.5 M T W Th F

Month _____ Mon Tues Wed Thurs Fri

OR

Start time End time Hours M T W Th F

OR

Hours _____ M T W Th F

Sub required: Yes No

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Specify EXACT time(s) of Replacement:

FTE:

8:00 am – 4:30 pm 1.0 M T W Th F

Half-Day 0.5 M T W Th F

Month _____ Mon Tues Wed Thurs Fri

OR

Start time End time Hours M T W Th F

OR

Hours _____ M T W Th F