

SCHOOL DISTRICT #64 (Gulf Islands)

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

MAYNE
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/VP/Supervisor Signature _____ Date _____

Office Use Only

3

Location No.

No. of days

Reason Code

Approval No.

No. of Days

PR

AR

Specify EXACT time(s) of Absence:

FTE:

8:40 am – 3:29 pm 1.19 MO TU W TH F

8:40 am – 12:00 pm **AM** 0.65 MO TU W TH F

12:45 pm – 3:29 pm **PM** 0.54 MO TU W TH F

OR

Month _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

OR

OTHER:

Start time End time FTE/hrs

_____ _____ _____ MO TU W TH F

_____ _____ _____ MO TU W TH F

_____ _____ _____ MO TU W TH F

Sub required: Yes No

↓

Specify EXACT time(s) of Replacement:

FTE:

8:40 am – 3:29 pm 1.19 MO TU W TH F

8:40 am – 12:00 pm **AM** 0.65 MO TU W TH F

12:45 pm – 3:29 pm **PM** 0.54 MO TU W TH F

OR

Month _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

OR

OTHER:

Start time End time FTE/hrs

_____ _____ _____ MO TU W TH F

_____ _____ _____ MO TU W TH F

_____ _____ _____ MO TU W TH F

Paid by: Board 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: _____