

SCHOOL DISTRICT #64 (Gulf Islands)

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

PENDER
2016-2017

Date received at SBO:

NAME of Employee		Office Use Only 8 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:

FTE:

8:48 am – 3:30 pm 1.19 M T W Th F S

8:48 am –12:00 pm **AM** 0.62 M T W Th F S

12:48 pm – 3:30 pm **PM** 0.57 M T W Th F S

OR

Month _____ Mon Tues Wed Thurs Fri

OR

OTHER:

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



Specify EXACT time(s) of Replacement:

FTE:

8:48 am – 3:30 pm 1.19 M T W Th F S

8:48 am –12:00 pm **AM** 0.62 M T W Th F S

12:48 pm – 3:30 pm **PM** 0.57 M T W Th F S

OR

Month _____ Mon Tues Wed Thurs Fri

OR

OTHER:

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