

SCHOOL DISTRICT #64 (Gulf Islands)

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

PHOENIX ELEMENTARY
2016-2017

Date received at SBO:

NAME of Employee _____		Office Use Only 11 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:

8:30 am – 3:15 pm 1.19 M T W Th F

8:30 am – 12:00 pm **AM** 0.68 M T W Th F

12:40 pm – 3:15 pm **PM** 0.51 M T W Th F

OR

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

OTHER:

Start time End time FTE/hrs

_____ _____ _____ M T W Th F

_____ _____ _____ M T W Th F

_____ _____ _____ M T W Th F

Sub required: Yes No



Specify EXACT time(s) of Replacement:

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OR

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Start time End time FTE/hrs

_____ _____ _____ M T W Th F

_____ _____ _____ M T W Th F

_____ _____ _____ M T W Th F