

SCHOOL DISTRICT #64 (Gulf Islands)

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



PLANT SERVICES
2016-2017

Date received at SBO:

NAME of Employee
Plant Services

Work Location

First Day: _____ Last Day: _____
Date(s) of Absence

Reason for Absence

Employee Signature _____ Date _____

Supervisor signature _____ Date _____

Office Use Only

30

No. _____

No. of days _____

Reason Code _____

Approval No. _____

Specify EXACT time(s) of Absence:

FTE:

8:00 am – 4:30 pm 1.0 M T W Th F S

Half-Day (4 hours) 0.5 M T W Th F S

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

OR

Start time _____ End time _____ Hours _____ M T W Th F S

OR

Hours _____ M T W Th F S

Paid by: Board Other: _____

Pro D or Pro G Authorization Signature

Sub required: Yes No

↓

Office Use Only

Replacement #1 (name) _____

Replacement #2 (name) _____

Account: 550 14200 0
FPG OBJECT CC

PR Authorized Signature _____ Date _____

CDS: _____ Initials & Date: _____

No. of Days _____

Specify EXACT time(s) of Replacement:

FTE:

8:00 am – 4:30 pm 1.0 M T W Th F S

Half-Day (4 hours) 0.5 M T W Th F S

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

OR

Start time _____ End time _____ Hours _____ M T W Th F S

OR

Hours _____ M T W Th F S