

**SCHOOL DISTRICT #64 (Gulf Islands)**

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

**SATURNA**  
 2016-2017

Date received at SBO:

NAME of Employee _____	
Work Location _____	Position _____
First Day: _____	Last Day: _____
<b>Date(s) of Absence</b> _____	
Reason for Absence _____	
Employee Signature _____	Date _____
P/VP/Supervisor Signature _____	Date _____
<b>Paid by: Board <input type="checkbox"/> Other: _____</b> _____ 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: _____

<u>Office Use Only</u>
<b>4</b>
<u>Location No.</u>
<u>No. of days</u>
<u>Reason Code</u>
<u>Approval No.</u>
<u>No. of Days</u>
<b>PR</b>
<b>AR</b>

**Specify EXACT time(s) of Absence:**

FTE:

8:30 am – 3:00 pm            1.19  M  T  W  Th  F  S

8:30 am –12:00 pm    **AM** 0.66  M  T  W  Th  F  S

12:30 pm – 3:00 pm    **PM** 0.53  M  T  W  Th  F  S

OR

Month	Mon	Tues	Wed	Thurs	Fri
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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**

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**Specify EXACT time(s) of Replacement:**

FTE:

8:30 am – 3:00 pm            1.19  M  T  W  Th  F  S

8:30 am –12:00 pm    **AM** 0.66  M  T  W  Th  F  S

12:30 pm – 3:00 pm    **PM** 0.53  M  T  W  Th  F  S

OR

Month	Mon	Tues	Wed	Thurs	Fri
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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