

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

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

**SIMS**  
**2016-2017**

Date received at SBO:

NAME of Employee _____		<u>Office Use Only</u>  <b>6</b>  Location No.  No. of days  Reason Code  Approval No.  No. of Days  <b>PR</b>  <b>AR</b>	
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: _____	

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

**FTE:**

8:30 am – 3:24 pm 1.19  M  T  W  Th  F  S

8:30 am – 12:10 pm **AM** 0.70  M  T  W  Th  F  S

12:55 pm – 3:24 pm **PM** 0.49  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:**

8:30 am – 3:24 pm 1.19  M  T  W  Th  F  S

8:30 am – 12:10 pm **AM** 0.70  M  T  W  Th  F  S

12:55 pm – 3:24 pm **PM** 0.49  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