

SCHOOL DISTRICT #64 (Gulf Islands)

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

WINDSOR HOUSE
 2016-2017

Date received at SBO:

NAME of Employee		<u>Office Use Only</u> 19 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)			
EA - IEP REPLACEMENT _____ <input type="checkbox"/> TIC (for PVP) _____			
Account:	FPG	OBJECT	CC
PR Authorized Signature	Date		
CDS: _____ Initials & Date:			

Specify EXACT time(s) of Absence:

TEACHER **FTE:**

9:15 am - 3:30 pm 1.0 M T W Th F

9:15 pm - 12:30 am **AM** 0.59 M T W Th F

OR

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

OR

OTHER TIMES AND ALL CUPE:

_____ M T W Th F

Start time _____ End time _____ FTE/hrs _____

_____ M T W Th F

Start time _____ End time _____ FTE/hrs _____

Sub required: Yes No



Specify EXACT time(s) of Replacement:

TEACHER **FTE:**

9:15 am - 3:30 pm 1.0 M T W Th F

9:15 pm - 12:30 am **AM** 0.59 M T W Th F

OR

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OTHER TIMES AND ALL CUPE:

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Start time _____ End time _____ FTE/hrs _____

_____ M T W Th F

Start time _____ End time _____ FTE/hrs _____