

SCHOOL DISTRICT #64 (Gulf Islands)

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

FULFORD
2017-2018

Date received at SBO:

Name of Employee

Work Location Position

First Day: Last Day:

Date(s) of Absence

Reason for Absence

Employee Signature Date

P/VP/Supervisor signature Date

CDS Only

9

Location No.

No. of days

Reason Code

Approval No.

No. Days

PR

AR

Paid by: Board Other: _____

Pro D or Pro G Authorization Signature

Replacement #1 (name)

Replacement #2 (name)

EA IEP REPLACEMENT _____

TIC (for PVP) _____

Account: FPG OBJECT CC

PR Authorized Signature Date

CDS: Initials & Date:

Specify EXACT time(s) of Absence:

TEACHER FTE:

8:13 am – 2:57 pm 1.19 M T W Th F

8:13 am – 12:00 pm **AM** 0.71 M T W Th F

12:40 pm – 2:57 pm **PM** 0.48 M T W Th F

OR

OTHER TIMES AND ALL CUPE STAFF:

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"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>

Sub required: Yes No



Specify EXACT time(s) of Replacement:

TEACHER FTE:

8:13 am – 2:57 pm 1.19 M T W Th F

8:13 am – 12:00 pm **AM** 0.71 M T W Th F

12:40 pm – 2:57 pm **PM** 0.48 M T W Th F

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