

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

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

**GENERAL**  
**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 \_\_\_\_\_

**Office Use Only**

Location No. \_\_\_\_\_

No. of days \_\_\_\_\_

Reason Code \_\_\_\_\_

Approval No. \_\_\_\_\_

No. of Days \_\_\_\_\_

**PR**

**AR**

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

**FTE:**

\_\_ am - \_\_ pm **FULL DAY**  MO  TU  WED  TH  FR

\_\_ am - \_\_ pm \_\_\_\_\_  MO  TU  WED  TH  FR

**OR**

**OTHER:**

Start time End time FTE/hrs

\_\_\_\_\_ MO  TU  WED  TH  FR

\_\_\_\_\_ MO  TU  WED  TH  FR

\_\_\_\_\_ MO  TU  WED  TH  FR

\_\_\_\_\_ MO  TU  WED  TH  FR

\_\_\_\_\_ MO  TU  WED  TH  FR

**Sub required: Yes  No**



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

**FTE:**

\_\_ am - \_\_ pm **FULL DAY**  MO  TU  WED  TH  FR

\_\_ am - \_\_ pm \_\_\_\_\_  MO  TU  WED  TH  FR

**OR**

**OTHER:**

Start time End time FTE/hrs

\_\_\_\_\_ MO  TU  WED  TH  FR

\_\_\_\_\_ MO  TU  WED  TH  FR

\_\_\_\_\_ MO  TU  WED  TH  FR

\_\_\_\_\_ MO  TU  WED  TH  FR

\_\_\_\_\_ MO  TU  WED  TH  FR

**Paid by: Board  Other: \_\_\_\_\_**

Pro D or Pro G Authorization Signature \_\_\_\_\_

Replacement #1 (name) \_\_\_\_\_

Replacement #2 (name) \_\_\_\_\_

Replacement #3 (name) \_\_\_\_\_

**Assignment:** TCHR  EA  CLERK  EO   
OPERATIONS  PVP  ECE

**TIC (for PVP)** \_\_\_\_\_

Account: FPG OBJECT CC

PR Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

CDS: Initials & Date: \_\_\_\_\_