

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

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

**GULF ISLANDS SECONDARY**  
**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**

**10**

Location No.

No. of days

Reason Code

Approval No.

No. of Days

**PR**

**AR**

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

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:**

**Full Day**

8:55 am – 4:10 pm 1.19  M  T  W  Th  F    
OR

**Partial Day**

(Please Specify Block A B C D) M T W Th F

8:55 am - 10:10 am — — — — —

10:10 am –11:15 am (flex) — — — — —

11:15 am - 12:30 pm — — — — —

**LUNCH**

1:35 pm - 2:55 pm — — — — —

2:55 pm - 4:10 pm — — — — —

OR

**OTHER:**

Start time End time FTE/hrs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

M  T  W  Th  F    
M  T  W  Th  F    
M  T  W  Th  F

**Sub required: Yes  No**



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

**Full Day**

8:55 am – 4:10 pm 1.19  M  T  W  Th  F    
OR

**Partial Day**

(Please Specify Block A B C D) M T W Th F

8:55 am - 10:10 am — — — — —

10:10 am –11:15 am (flex) — — — — —

11:15 am - 12:30 pm — — — — —

**LUNCH**

1:35 pm - 2:55 pm — — — — —

2:55 pm - 4:10 pm — — — — —

OR

**OTHER:**

Start time End time FTE/hrs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

M  T  W  Th  F    
M  T  W  Th  F    
M  T  W  Th  F