SCHOOL DISTRICT #64 (Gulf Islands)

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

GROUNDS
2017-2018

Date received at SBO:

NAME of Employee

Grounds Department

Work Location

First Day: Last Day:

Date(s) of Absence

Reason for Absence

Employee Signature Date

Supervisor signature Date

Paid by: Board ☐ Other: _____

Pro D or Pro G Authorization Signature

Office Use Only

Replacement #1 (name)

Replacement #2 (name)

Account:	552	14200	0
	FPG	OBJECT	CC

PR Authorized Signature Date

CDS: Initials & Date:

Office Use Only

31

No.

No. of days

Reason Code

Approval No.

No. of Days

Specify EXACT time(s) of Absence:

FTE:

8:00 am – 4:30 pm 1.0 ☐ M☐ T☐ W☐ Th☐ F☐

Half-Day 0.5 ☐ M☐ T☐ W☐ Th☐ F☐

OR

_____ _____ M☐ T☐ W☐ Th☐ F☐
Start time End time Hours

OR

_____ M☐ T☐ W☐ Th☐ F☐
Hours

Sub required: Yes ☐ No ☐

Specify EXACT time(s) of Replacement

FTE:

8:00 am – 4:30 pm 1.0 ☐ M☐ T☐ W☐ Th☐ F☐

Half-Day 0.5 ☐ M☐ T☐ W☐ Th☐ F☐

OR

_____ _____ M☐ T☐ W☐ Th☐ F☐
Start time End time Hours

OR

_____ M☐ T☐ W☐ Th☐ F☐
Hours