

SCHOOL DISTRICT #64 (Gulf Islands)

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

MAYNE
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
PVP/Supervisor Signature Date

Office Use Only

3

Location No.

No. of days

Reason Code

Approval No.

No. of Days

PR

AR

Specify EXACT time(s) of Absence:

TEACHER FTE:

8:40 am - 3:29 pm 1.19 [] M [] T [] W [] Th [] F []
8:40 am -12:00 pm AM 0.65 [] M [] T [] W [] Th [] F []
12:45 pm - 3:29 pm PM 0.54 [] M [] T [] W [] Th [] F []

OR

OTHER TIMES AND ALL CUPE:

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:

TEACHER FTE:

8:40 am - 3:29 pm 1.19 [] M [] T [] W [] Th [] F []
8:40 am -12:00 pm AM 0.65 [] M [] T [] W [] Th [] F []
12:45 pm - 3:29 pm PM 0.54 [] M [] T [] W [] Th [] F []

OR

OTHER TIMES AND ALL CUPE:

Start time End time FTE/hrs
[] [] [] M [] T [] W [] Th [] F []
[] [] [] M [] T [] W [] Th [] F []
[] [] [] M [] T [] W [] Th [] F []

Replacement #1 (name)

Replacement #2 (name)

TIC (for PVP) []

EA IEP REPLACEMENT []

Account: FPG OBJECT CC

PR Authorized Signature Date

CDS: Initials & Date: