

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

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

**PENDER**  
**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**

**8**

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:**

**TEACHER FTE:**

8:48 am – 3:30 pm 1.19  M  T  W  Th  F

8:48 am – 12:00 pm **AM** 0.62  M  T  W  Th  F

12:48 pm – 3:30 pm **PM** 0.57  M  T  W  Th  F

**OR**

**OTHER TIMES AND ALL CUPE:**

Start time	End time	FTE/hrs	
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

**Sub required: Yes  No**

↓

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

**TEACHER FTE:**

8:48 am – 3:30 pm 1.19  M  T  W  Th  F

8:48 am – 12:00 pm **AM** 0.62  M  T  W  Th  F

12:48 pm – 3:30 pm **PM** 0.57  M  T  W  Th  F

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