

SCHOOL DISTRICT #64 (Gulf Islands)

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

PHOENIX ELEMENTARY
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

11

Location No.

No. of days

Reason Code

Approval No.

No. of Days

PR

AR

Specify EXACT time(s) of Absence:

FTE:

8:30 am – 3:15 pm 1.19 M T W Th F

8:30 am – 12:00 pm **AM** 0.68 M T W Th F

12:40 pm – 3:15 pm **PM** 0.51 M T W Th F

OR

Month _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

OR

OTHER:

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

Sub required: Yes No



Specify EXACT time(s) of Replacement

FTE:

8:30 am – 3:15 pm 1.19 M T W Th F

8:30 am – 12:00 pm **AM** 0.68 M T W Th F

12:40 pm – 3:15 pm **PM** 0.51 M T W Th F

OR

Month _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

OR

OTHER:

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

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 _____

GDS: Initials & Date: _____