

SCHOOL DISTRICT #64 (Gulf Islands)

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



PLANT SERVICES
2017-2018

Date received at SBO:

NAME of Employee
Plant Services

Work Location

First Day: _____ Last Day: _____

Date(s) of Absence

Reason for Absence

Employee Signature _____ Date _____

Supervisor signature _____ Date _____

Office Use Only

30

No.

No. of days

Reason Code

Approval No.

Specify EXACT time(s) of Absence:

FTE:

8:00 am – 4:30 pm 1.0 M T W Th F S

Half-Day (4 hours) 0.5 M T W Th F S

OR

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

OR

Hours _____ M T W Th F S

Paid by: Board Other: _____

Pro D or Pro G Authorization Signature

Sub required: Yes No



Specify EXACT time(s) of Replacement

FTE:

8:00 am – 4:30 pm 1.0 M T W Th F S

Half-Day (4 hours) 0.5 M T W Th F S

OR

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

OR

Hours _____ M T W Th F S

Office Use Only

Replacement #1 (name)

No. of Days

Replacement #2 (name)

Account: 550 14200 0
FPG OBJECT CC

PR Authorized Signature _____ Date _____

CDS: _____ Initials & Date: _____