

SCHOOL DISTRICT #64 (Gulf Islands)

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

SATURNA
 2017-2018

Date received at SBO:

NAME of Employee _____		Office Use Only 4 Location No. No. of days Reason Code Approval No. No. of Days PR AR	
Work Location _____	Position _____		
First Day: _____	Last Day: _____		
Date(s) of Absence _____			
Reason for Absence _____			
Employee Signature _____	Date _____		
P/VP/Supervisor Signature _____	Date _____		
Paid by: Board <input type="checkbox"/> 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:

8:30 am – 3:00 pm	1.19 <input type="checkbox"/>	MO <input type="checkbox"/>	TO <input type="checkbox"/>	WO <input type="checkbox"/>	Th <input type="checkbox"/>	FO <input type="checkbox"/>
8:30 am – 12:00 pm	AM 0.66 <input type="checkbox"/>	MO <input type="checkbox"/>	TO <input type="checkbox"/>	WO <input type="checkbox"/>	Th <input type="checkbox"/>	FO <input type="checkbox"/>
12:30 pm – 3:00 pm	PM 0.53 <input type="checkbox"/>	MO <input type="checkbox"/>	TO <input type="checkbox"/>	WO <input type="checkbox"/>	Th <input type="checkbox"/>	FO <input type="checkbox"/>

OR

OTHER TIMES AND ALL CUPE:

Start time	End time	FTE/hrs	
_____	_____	_____	MO <input type="checkbox"/> TO <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TO <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TO <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TO <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>

Sub required: Yes No

↓

Specify EXACT time(s) of Replacement:

TEACHER FTE:

8:30 am – 3:00 pm	1.19 <input type="checkbox"/>	MO <input type="checkbox"/>	TO <input type="checkbox"/>	WO <input type="checkbox"/>	Th <input type="checkbox"/>	FO <input type="checkbox"/>
8:30 am – 12:00 pm	AM 0.66 <input type="checkbox"/>	MO <input type="checkbox"/>	TO <input type="checkbox"/>	WO <input type="checkbox"/>	Th <input type="checkbox"/>	FO <input type="checkbox"/>
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OR

OTHER TIMES AND ALL CUPE:

Start time	End time	FTE/hrs	
_____	_____	_____	MO <input type="checkbox"/> TO <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TO <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TO <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TO <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>