

SCHOOL DISTRICT #64 (Gulf Islands)

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

SIMS
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

6

Location No.

No. of days

Reason Code

Approval No.

No. of Days

PR

AR

Specify EXACT time(s) of Absence:

Full Day

8:30 am – 3:24 pm 1.19 M T W Th F

OR

Partial Day

M T W Th F

8:30 am - 9:15 am	—	—	—	—	—
9:15 am - 10:00 am	—	—	—	—	—
10:10 am - 10:55 am	—	—	—	—	—
10:55 am - 11:40 pm	—	—	—	—	—
11:40 am - 12:00 pm	—	—	—	—	—
12:55 am - 1:40 pm	—	—	—	—	—
1:40 pm - 2:25 pm	—	—	—	—	—
2:25 pm - 3:10 pm	—	—	—	—	—
3:10 pm - 3:24 pm	—	—	—	—	—

OR

OTHER:

Start time End time FTE/hrs

_____ M T W Th F

Sub required: Yes No



Specify EXACT time(s) of Replacement:

Full Day

8:30 am – 3:24 pm 1.19 M T W Th F

OR

Partial Day

M T W Th F

8:30 am - 9:15 am	—	—	—	—	—
9:15 am - 10:00 am	—	—	—	—	—
10:10 am - 10:55 am	—	—	—	—	—
10:55 am - 11:40 pm	—	—	—	—	—
11:40 am - 12:00 pm	—	—	—	—	—
12:55 am - 1:40 pm	—	—	—	—	—
1:40 pm - 2:25 pm	—	—	—	—	—
2:25 pm - 3:10 pm	—	—	—	—	—
3:10 pm - 3:24 pm	—	—	—	—	—

OR

OTHER:

Start time End time FTE/hrs

_____ M T W Th F

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: _____