

SCHOOL DISTRICT #64 (Gulf Islands)

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

SSE
2017-2018

Date received at SBO:

NAME of Employee _____		<u>Office Use Only</u>
Work Location _____ Position _____		2
First Day: _____	Last Day: _____	<u>Location No.</u>
Date(s) of Absence _____		<u>No. of Days</u>
Reason for Absence _____		<u>Reason Code</u>
Employee Signature _____	Date _____	<u>Approval No.</u>
P/VP/Supervisor Signature _____	Date _____	
Paid by: Board <input type="checkbox"/> Other: _____		
Pro D or Pro G Authorization Signature _____		
Replacement #1 (name) _____		<u>No. of Days</u>
Replacement #2 (name) _____		
TIC (for PVP) _____ EA IEP REPLACEMENT _____		
Account: _____	FPG _____	PR
OBJECT _____	CC _____	AR
PR Authorized Signature _____	Date _____	
CDS: _____	Initials & Date: _____	

Specify EXACT time(s) of Absence:

TEACHER FTE:

8:25 am – 3:15 pm 1.19 M T W Th F

8:25 am – 12:00 pm **AM** 0.67 M T W Th F

12:46 pm – 3:15 pm **PM** 0.52 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 <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**

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Specify EXACT time(s) of Replacement:

TEACHER FTE:

8:25 am – 3:15 pm 1.19 M T W Th F

8:25 am – 12:00 pm **AM** 0.67 M T W Th F

12:46 pm – 3:15 pm **PM** 0.52 M T W Th F

OR

OTHER TIMES AND ALL CUPE:

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