

SCHOOL DISTRICT #64 (Gulf Islands)

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

WINDSOR HOUSE
2017-2018

Date received at SBO:

NAME of Employee		Office Use Only
Work Location	Position	19
First Day:	Last Day:	Location No.
Date(s) of Absence		No. of days
Reason for Absence		Reason Code
Employee Signature	Date	Approval No.
P/VP/Supervisor signature	Date	
Paid by: Board <input type="checkbox"/> Other: _____		
Pro D or Pro G Authorization Signature		
Replacement #1 (name)		No of Days
Replacement #2 (name)		
EA - IEP REPLACEMENT _____		
<input type="checkbox"/> TIC (for PVP) _____		
Account:	FPG OBJECT CC	PR
PR Authorized Signature		AR
Date		
CDS: _____ Initials & Date:		

Specify EXACT time(s) of Absence:

TEACHER	FTE:	
9:15 am - 3:30 pm	1.0 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
9:15 am - 3:50 pm	1.0 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
9:15 am - 12:30 pm	AM 0.50 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
OR		
OTHER TIMES AND ALL CUPE:		
Start time	End time	FTE/hrs
_____	_____	_____
		MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
Start time	End time	FTE/hrs
_____	_____	_____
		MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
Start time	End time	FTE/hrs
_____	_____	_____
		MO <input type="checkbox"/> TU <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:

TEACHER	FTE:	
9:15 am - 3:30 pm	1.0 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
9:15 am - 3:50 pm	1.0 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
9:15 am - 12:30 pm	AM 0.50 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
OR		
OTHER TIMES AND ALL CUPE:		
Start time	End time	FTE/hrs
_____	_____	_____
		MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
Start time	End time	FTE/hrs
_____	_____	_____
		MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
Start time	End time	FTE/hrs
_____	_____	_____
		MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>