

SCHOOL DISTRICT No.64 (Gulf Islands)

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

FERNWOOD
 2018-2019

Date received at SBO:

NAME of Employee	
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 G# _____ ProD Authorization Signature _____	
Replacement #1 (name)	
Replacement #2 (name)	
EA - IEP REPLACEMENT _____ <input type="checkbox"/> TIC (for PVP) _____	
Account:	FPG OBJECT CC
PR Authorized Signature	Date
CDS: _____ Initials & Date:	

<u>Office Use Only</u>
7
Location No.
No. of days
Reason Code
Approval No.
No of Days
PR
AR

Specify EXACT time(s) of Absence:

TEACHER	FTE:	
8:25am - 3:20pm	1.19 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
8:25am - 11:30am AM	0.60 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
12:15pm - 3:20pm PM	0.59 <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 STAFF:		
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

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Specify EXACT time(s) of Replacement:

TEACHER	FTE:	
8:25am - 3:20pm	1.19 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
8:25am - 11:30am AM	0.60 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
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OR		
OTHER TIMES AND ALL CUPE STAFF:		
Start time	End time	FTE/hrs
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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"/>