

SCHOOL DISTRICT No.64 (Gulf Islands)

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

FULFORD
 2018-2019

Date received at SBO:

<p>Name of Employee _____</p> <hr/> <p>Work Location _____ Position _____</p> <hr/> <p>First Day: _____ Last Day: _____</p> <p>Date(s) of Absence _____</p> <hr/> <p>Reason for Absence _____</p> <hr/> <p>Employee Signature _____ Date _____</p> <hr/> <p>P/VP/Supervisor signature _____ Date _____</p> <hr/> <p>Paid by: Board <input type="checkbox"/> Other: _____</p> <hr/> <p>Pro G# _____ ProD Authorization Signature _____</p> <hr/> <p>Replacement #1 (name) _____</p> <hr/> <p>Replacement #2 (name) _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>EA IEP REPLACEMENT _____</p> <p>TIC (for PVP) _____</p> </div> <hr/> <p>Account: FPG OBJECT CC</p> <hr/> <p>PR Authorized Signature _____ Date _____</p> <hr/> <p>CDS: Initials & Date: _____</p>	<p><u>CDS Only</u></p> <p>9</p> <hr/> <p>Location No.</p> <hr/> <p>No. of days</p> <hr/> <p>Reason Code</p> <hr/> <p>Approval No.</p> <hr/> <p>No. Days</p>	<p>Specify EXACT time(s) of Absence:</p> <p><u>TEACHER FTE:</u></p> <p>8:13 am – 2:57 pm 1.19 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>8:13 am – 12:00 pm AM 0.71 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>12:40 pm – 2:57 pm PM 0.48 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p style="text-align: center;">OR</p> <p><u>OTHER TIMES AND ALL CUPE STAFF:</u></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Start time</th> <th style="text-align: left;">End time</th> <th style="text-align: left;">FTE/hrs</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 20px;">Sub required: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Specify EXACT time(s) of Replacement:</p> <p><u>TEACHER FTE:</u></p> <p>8:13 am – 2:57 pm 1.19 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>8:13 am – 12:00 pm AM 0.71 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>12:40 pm – 2:57 pm PM 0.48 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p style="text-align: center;">OR</p> <p><u>OTHER TIMES AND ALL CUPE STAFF:</u></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Start time</th> <th style="text-align: left;">End time</th> <th style="text-align: left;">FTE/hrs</th> <th></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></td> </tr> </tbody> </table>	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"/>	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"/>
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"/>																															
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"/>																															

PR

AR