

SCHOOL DISTRICT No.64 (Gulf Islands)

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

GALIANO
 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 _____

Office Use Only

5

Location No. _____

No. of days _____

Reason Code _____

Approval No. _____

Specify EXACT time(s) of Absence:

TEACHER FTE:

8:55 am – 3:35 pm 1.19 M T W Th F S

8:55 am –12:15 pm **AM** 0.65 M T W Th F S

12:45 pm – 3:35 pm **PM** 0.54 M T W Th F S

OR

OTHER TIMES AND ALL CUPE STAFF:

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

Paid by: Board **Other:** _____

Pro G# _____ ProD Authorization Signature _____

Sub required: Yes **No**

↓

Replacement #1 (name) _____

Replacement #2 (name) _____

TIC (for PVP) _____

EA IEP REPLACEMENT _____

Account: _____ FPG _____ OBJECT _____ CC _____

PR Authorized Signature _____ Date _____

CDS: _____ Initials & Date: _____

No. of Days _____

PR

AR

Specify EXACT time(s) of Replacement:

TEACHER FTE:

8:55 am – 3:35 pm 1.19 M T W Th F S

8:55 am –12:15 pm **AM** 0.65 M T W Th F S

12:45 pm – 3:35 pm **PM** 0.54 M T W Th F S

OR

OTHER TIMES AND ALL CUPE STAFF:

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