SCHOOL DISTRICT No.64 (Gulf Islands)

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

GENERAL
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 ☐ Other: _____

Pro G# ProD Authorization Signature

Replacement #1 (name)

Replacement #2 (name)

Replacement #3 (name)

Assignment: TCHR ☐ EA ☐ CLERK ☐ EO ☐
OPERATIONS ☐ P/VP ☐ ECE ☐

TIC (for PVP) _____

Account: FPG OBJECT CC

PR Authorized Signature Date

CDS: Initials & Date:

Office Use Only

Location No.

No. of days

Reason Code

Approval No.

No. of Days

PR

AR

Specify EXACT time(s) of absence:

FTE:

_:__ am – _:__ pm **FULL DAY** ☐ M☐ T☐ W☐ Th☐ F☐

_:__ am – _:__ pm _____ ☐ M☐ T☐ W☐ Th☐ F☐

OR

OTHER:

Start time	End time	FTE/hrs	
_____	_____	_____	M☐ T☐ W☐ Th☐ F☐
_____	_____	_____	M☐ T☐ W☐ Th☐ F☐
_____	_____	_____	M☐ T☐ W☐ Th☐ F☐
_____	_____	_____	M☐ T☐ W☐ Th☐ F☐
_____	_____	_____	M☐ T☐ W☐ Th☐ F☐

Sub required: Yes ☐ No ☐

Specify EXACT time(s) of replacement:

FTE:

_:__ am – _:__ pm **FULL DAY** ☐ M☐ T☐ W☐ Th☐ F☐

_:__ am – _:__ pm _____ ☐ M☐ T☐ W☐ Th☐ F☐

OR

OTHER:

Start time	End time	FTE/hrs	
_____	_____	_____	M☐ T☐ W☐ Th☐ F☐
_____	_____	_____	M☐ T☐ W☐ Th☐ F☐
_____	_____	_____	M☐ T☐ W☐ Th☐ F☐
_____	_____	_____	M☐ T☐ W☐ Th☐ F☐
_____	_____	_____	M☐ T☐ W☐ Th☐ F☐