

SCHOOL DISTRICT No.64 (Gulf Islands)

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

GULF ISLANDS SECONDARY
 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>	<p><u>Office Use Only</u></p> <p>10</p> <hr/> <p>Location No.</p> <hr/> <p>No. of days</p> <hr/> <p>Reason Code</p> <hr/> <p>Approval No.</p>	<p>Specify EXACT time(s) of Absence:</p> <p><u>Full Day</u></p> <p>8:55 am – 4:10 pm 1.19 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p> <p style="text-align: center;">OR</p> <p><u>Partial Day</u></p> <p>(Please Specify Block A B C D) M T W Th F</p> <p>8:55 am - 10:10 am — — — — —</p> <p>10:10 am –11:15 am (flex) — — — — —</p> <p>11:15 am - 12:30 pm — — — — —</p> <p>LUNCH</p> <p>1:35 pm - 2:55 pm — — — — —</p> <p>2:55 pm - 4:10 pm — — — — —</p> <p style="text-align: center;">OR</p> <p><u>OTHER:</u></p> <p>Start time End time FTE/hrs</p> <p>_____ _____ _____</p> <p>_____ _____ _____</p> <p>_____ _____ _____</p> <p style="text-align: right;">M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p> <p style="text-align: right;">M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p> <p style="text-align: right;">M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p>
<p>Paid by: Board <input type="checkbox"/> Other: _____</p> <hr/> <p>Pro G# _____ ProD Authorization Signature _____</p>	<p>PR</p> <p>AR</p>	<p>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>Full Day</u></p> <p>8:55 am – 4:10 pm 1.19 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p> <p style="text-align: center;">OR</p> <p><u>Partial Day</u></p> <p>(Please Specify Block A B C D) M T W Th F</p> <p>8:55 am - 10:10 am — — — — —</p> <p>10:10 am –11:15 am (flex) — — — — —</p> <p>11:15 am - 12:30 pm — — — — —</p> <p>LUNCH</p> <p>1:35 pm - 2:55 pm — — — — —</p> <p>2:55 pm - 4:10 pm — — — — —</p> <p style="text-align: center;">OR</p> <p><u>OTHER:</u></p> <p>Start time End time FTE/hrs</p> <p>_____ _____ _____</p> <p>_____ _____ _____</p> <p>_____ _____ _____</p> <p style="text-align: right;">M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p> <p style="text-align: right;">M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p> <p style="text-align: right;">M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p>
<p>Replacement #1 (name) _____</p> <hr/> <p>Replacement #2 (name) _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>TIC (for PVP) _____</p> <p>EA IEP REPLACEMENT _____</p> </div> <hr/> <p>Account: FPG OBJECT CC</p> <hr/> <p>PR Authorized Signature _____ Date _____</p> <p>CDS: Initials & Date: _____</p>	<p>No. of Days</p>	