

SCHOOL DISTRICT No.64 (Gulf Islands)

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



PLANT SERVICES
2018-2019

Date received at SBO:

NAME of Employee
Plant Services

Work Location

First Day: _____ Last Day: _____

Date(s) of Absence

Reason for Absence

Employee Signature _____ Date _____

Supervisor signature _____ Date _____

Office Use Only

30

No.

No. of days

Reason Code

Approval No.

Paid by: Board **Other:** _____

Pro G# _____ ProD Authorization Signature _____

Office Use Only

Replacement #1 (name)

Replacement #2 (name)

Account: 550 14200 0
FPG OBJECT CC

PR Authorized Signature _____ Date _____

CDS: _____ Initials & Date: _____

Specify EXACT time(s) of Absence:

FTE:

8:00 am – 4:30 pm 1.0 M T W Th F S

Half-Day (4 hours) 0.5 M T W Th F S

OR

Start time _____ End time _____ Hours _____ M T W Th F S

OR

Hours _____ M T W Th F S

Sub required: Yes **No**

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Specify EXACT time(s) of Replacement:

FTE:

8:00 am – 4:30 pm 1.0 M T W Th F S

Half-Day (4 hours) 0.5 M T W Th F S

OR

Start time _____ End time _____ Hours _____ M T W Th F S

OR

Hours _____ M T W Th F S