

**SCHOOL DISTRICT No.64 (Gulf Islands)**

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

**SATURNA**  
**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

**4**

Location No. \_\_\_\_\_

No. of days \_\_\_\_\_

Reason Code \_\_\_\_\_

Approval No. \_\_\_\_\_

**Specify EXACT time(s) of Absence:**

TEACHER FTE:

8:30 am – 3:00 pm 1.19  M  T  W  Th  F  S

8:30 am –12:00 pm **AM** 0.66  M  T  W  Th  F  S

12:30 pm – 3:00 pm **PM** 0.53  M  T  W  Th  F  S

**OR**

OTHER TIMES AND ALL CUPE:

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 \_\_\_\_\_

No. of Days \_\_\_\_\_

**PR**

**AR**

**Specify EXACT time(s) of Replacement:**

TEACHER FTE:

8:30 am – 3:00 pm 1.19  M  T  W  Th  F  S

8:30 am –12:00 pm **AM** 0.66  M  T  W  Th  F  S

12:30 pm – 3:00 pm **PM** 0.53  M  T  W  Th  F  S

**OR**

OTHER TIMES AND ALL CUPE:

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

Account: \_\_\_\_\_ FPG \_\_\_\_\_ OBJECT \_\_\_\_\_ CC \_\_\_\_\_

PR Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

CDS: \_\_\_\_\_ Initials & Date: \_\_\_\_\_