

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

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

**WINDSOR HOUSE**  
 2018-2019

Date received at SBO:

NAME of Employee	
Work Location	Position
First Day:	Last Day:
<b>Date(s) of Absence</b>	
Reason for Absence	
Employee Signature	Date
P/VP/Supervisor signature	Date
Paid by: Board <input type="checkbox"/> Other: _____ _____ Pro G# _____ ProD Authorization Signature _____	
Replacement #1 (name)	
Replacement #2 (name)	
EA - IEP REPLACEMENT _____  <input type="checkbox"/> TIC (for PVP) _____	
Account:	FPG    OBJECT    CC
PR Authorized Signature	Date
CDS: _____ Initials & Date:	

<u>Office Use Only</u>
<b>19</b>
Location No.
No. of days
Reason Code
Approval No.
No of Days
<b>PR</b>
<b>AR</b>

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

<b>TEACHER</b>	<b>FTE:</b>	
9:15 am - 3:30 pm	1.0 <input type="checkbox"/>	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
9:15 am - 3:50 pm	1.0 <input type="checkbox"/>	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
9:15 am – 12:30 pm	<b>AM</b> 0.50 <input type="checkbox"/>	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
<b>OR</b>		
<b><u>OTHER TIMES AND ALL CUPE:</u></b>		
_____	_____	_____
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"/>
_____	_____	_____
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"/>
_____	_____	_____
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"/>

**Sub required: Yes  No**

↓

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

<b>TEACHER</b>	<b>FTE:</b>	
9:15 am - 3:30 pm	1.0 <input type="checkbox"/>	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
9:15 am - 3:50 pm	1.0 <input type="checkbox"/>	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
9:15 am – 12:30 pm	<b>AM</b> 0.50 <input type="checkbox"/>	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
<b>OR</b>		
<b><u>OTHER TIMES AND ALL CUPE:</u></b>		
_____	_____	_____
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"/>
_____	_____	_____
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"/>
_____	_____	_____
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"/>