

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

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

**SIMS**  
**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) \_\_\_\_\_

**TIC (for PVP)** \_\_\_\_\_

EA IEP REPLACEMENT \_\_\_\_\_

Account: FPG OBJECT CC

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

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

Office Use Only

**6**

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

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

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

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

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

**PR**

**AR**

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

**Full Day**  
 8:30 am – 3:24 pm 1.19  M  T  W  Th  F    
 OR

**Partial Day**

	M	T	W	Th	F
8:30 am - 9:15 am	—	—	—	—	—
9:15 am – 10:00 am	—	—	—	—	—
10:10 am – 10:55 am	—	—	—	—	—
10:55 am - 11:40 pm	—	—	—	—	—
11:40 am – 12:10 pm	—	—	—	—	—
12:55 pm – 1:40 pm	—	—	—	—	—
1:40 pm – 2:25 pm	—	—	—	—	—
2:25 pm – 3:10 pm	—	—	—	—	—
3:10 pm – 3:24 pm	—	—	—	—	—

OR

**OTHER:**  
 Start time End time FTE/hrs  
 \_\_\_\_\_

M  T  W  Th  F

**Sub required: Yes  No**

↓

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

**Full Day**  
 8:30 am – 3:24 pm 1.19  M  T  W  Th  F    
 OR

**Partial Day**

	M	T	W	Th	F
8:30 am - 9:15 am	—	—	—	—	—
9:15 am – 10:00 am	—	—	—	—	—
10:10 am – 10:55 am	—	—	—	—	—
10:55 am - 11:40 pm	—	—	—	—	—
11:40 am – 12:10 pm	—	—	—	—	—
12:55 pm – 1:40 pm	—	—	—	—	—
1:40 pm – 2:25 pm	—	—	—	—	—
2:25 pm – 3:10 pm	—	—	—	—	—
3:10 pm – 3:24 pm	—	—	—	—	—

OR

**OTHER:**  
 Start time End time FTE/hrs  
 \_\_\_\_\_

M  T  W  Th  F