

SCHOOL DISTRICT No.64 (Gulf Islands)

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



Date received at SBO:

NAME of Employee _____

Bus Rte. No: _____

First Day: _____ Last Day: _____

Date(s) of Absence _____

Collective Agreement Article # & Description _____

Employee Signature _____ Date _____

Supervisor signature/Per Svendsen _____ Date _____

Paid by: Board Other: _____

Pro G# _____ ProD Authorization Signature _____

Office Use Only

Replacement #1 (name) _____

Replacement #2 (name) _____

Account: 770-14200-0 FPG OBJECT CC

PR Authorized Signature _____ Date _____

CDS: _____ Initials & Date: _____

Office Use Only

36

No. _____

No. of days _____

Reason Code _____

Approval No. _____

No. of Days _____

PR

AR

Specify EXACT time(s) of Absence:

FTE:

6:45 am – 5:35 pm 1.0 MO TU W Th F
OR

6:45 am – ___am AM MO TU W Th F
OR

2:35 pm – ___pm PM MO TU W Th F
OR

OTHER:

____ or _____ MO TU W Th F
Start time End time or Hours

____ or _____ MO TU W Th F
Start time End time or Hours

____ or _____ MO TU W Th F
Start time End time or Hours

Sub required: Yes No

↓

Specify EXACT time(s) of Replacement:

FTE:

6:45 am – 5:35 pm 1.0 MO TU W Th F
OR

6:45 am – ___am AM MO TU W Th F
OR

2:35 pm – ___pm PM MO TU W Th F
OR

OTHER:

____ or _____ MO TU W Th F
Start time End time or Hours

____ or _____ MO TU W Th F
Start time End time or Hours

____ or _____ MO TU W Th F
Start time End time or Hours