

SCHOOL DISTRICT No.64 (Gulf Islands)

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

FULFORD
 2018-2019

Date received at SBO:

<p>Name of Employee _____</p> <p>Work Location _____ Position _____</p> <p>First Day: _____ Last Day: _____</p> <p>Date(s) of Absence _____</p> <p>Collective Agreement Article # & Description _____</p> <p>Employee Signature _____ Date _____</p> <p>P/VP/Supervisor signature _____ Date _____</p> <p>Paid by: Board <input type="checkbox"/> Other: _____</p> <p>Pro G# _____ ProD Authorization Signature _____</p> <p>Replacement #1 (name) for Teacher and Office Use _____</p> <p>Replacement #2 (name) for Teacher and Office Use _____</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>EA IEP REPLACEMENT _____</p> <p>TIC (for PVP) _____</p> </div> <p>Account: FPG OBJECT CC</p> <p>PR Authorized Signature _____ Date _____</p> <p>CDS: Initials & Date: _____</p>	<p><u>CDS Only</u></p> <p>9</p> <p>Location No.</p> <p>No. of days</p> <p>Reason Code</p> <p>Approval No.</p> <p>No. Days</p> <p>PR</p> <p>AR</p>	<p>Specify EXACT time(s) of Absence:</p> <p><u>TEACHER FTE:</u></p> <p>8:13 am – 2:57 pm 1.19 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>8:13 am – 12:00 pm AM 0.71 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>12:40 pm – 2:57 pm PM 0.48 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p style="text-align: center;">OR</p> <p><u>OTHER TIMES AND ALL CUPE STAFF:</u></p> <table style="width:100%; 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