

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

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

**GALIANO**  
 2018-2019

Date received at SBO:

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

<u>Office Use Only</u>
<b>5</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:**

**TEACHER FTE:**

8:55 am – 3:35 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"/>
8:55 am –12:15 pm	<b>AM</b> 0.65 <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	Th <input type="checkbox"/>	F <input type="checkbox"/>
12:45 pm – 3:35 pm	<b>PM</b> 0.54 <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	Th <input type="checkbox"/>	F <input type="checkbox"/>

**OR**

**OTHER TIMES AND ALL CUPE STAFF:**

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"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	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:**

**TEACHER FTE:**

8:55 am – 3:35 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"/>
8:55 am –12:15 pm	<b>AM</b> 0.65 <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	Th <input type="checkbox"/>	F <input type="checkbox"/>
12:45 pm – 3:35 pm	<b>PM</b> 0.54 <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	Th <input type="checkbox"/>	F <input type="checkbox"/>

**OR**

**OTHER TIMES AND ALL CUPE STAFF:**

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"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>