

SCHOOL DISTRICT No.64 (Gulf Islands)

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

GENERAL
2018-2019

Date received at SBO:

NAME of Employee	
Work Location	Position
First Day:	Last Day:
Date(s) of Absence	
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	
Replacement #3 (name) for Teacher and Office Use	
Assignment: TCHR <input type="checkbox"/> EA <input type="checkbox"/> CLERK <input type="checkbox"/> EO <input type="checkbox"/> OPERATIONS <input type="checkbox"/> PVP <input type="checkbox"/> ECE <input type="checkbox"/> TIC (for PVP) _____	
Account:	FPG OBJECT CC
PR Authorized Signature	Date
CDS: Initials & Date:	

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

Specify EXACT time(s) of absence:

FTE:
 ___:___ am - ___:___ pm **FULL DAY** MO TU WED TH FR
 ___:___ am - ___:___ pm _____ MO TU WED TH FR

OR

OTHER:
 Start time End time FTE/hrs
 _____ _____ _____ MO TU WED TH FR
 _____ _____ _____ MO TU WED TH FR
 _____ _____ _____ MO TU WED TH FR
 _____ _____ _____ MO TU WED TH FR

Sub required: Yes No

↓

Specify EXACT time(s) of replacement:

FTE:
 ___:___ am - ___:___ pm **FULL DAY** MO TU WED TH FR
 ___:___ am - ___:___ pm _____ MO TU WED TH FR

OR

OTHER:
 Start time End time FTE/hrs
 _____ _____ _____ MO TU WED TH FR
 _____ _____ _____ MO TU WED TH FR
 _____ _____ _____ MO TU WED TH FR
 _____ _____ _____ MO TU WED TH FR