

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 <hr/> <p style="text-align: center;">Grounds Department</p> <hr/> Work Location <hr/> First Day: _____ Last Day: _____ Date(s) of Absence <hr/> Collective Agreement Article # & Description <hr/> Employee Signature _____ Date _____ <hr/> Supervisor signature _____ Date _____ <hr/> Paid by: Board <input type="checkbox"/> Other: _____ <hr/> Pro G# _____ ProD Authorization Signature _____ <hr/> <p style="text-align: center;">Office Use Only</p> <hr/> Replacement #1 (name) <hr/> Replacement #2 (name) <hr/> <hr/> Account: 552 14200 0 FPG OBJECT CC <hr/> PR Authorized Signature _____ Date _____ <hr/> CDS: _____ Initials & Date: _____	<p><u>Office Use Only</u></p> <p style="font-size: 24pt;">31</p> <p>No.</p> <hr/> <p>No. of days</p> <hr/> <p>Reason Code</p> <hr/> <p>Approval No.</p> <hr/> <p>No. of Days</p>
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Specify EXACT time(s) of Absence:

FTE:

8:00 am – 4:30 pm 1.0 M T W Th F

Half-Day 0.5 M T W Th F

OR

_____ _____ Hours M T W Th F

OR

_____ _____ Hours M T W Th F

Sub required: Yes No

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Specify EXACT time(s) of Replacement:

FTE:

8:00 am – 4:30 pm 1.0 M T W Th F

Half-Day 0.5 M T W Th F

OR

_____ _____ Hours M T W Th F

OR

_____ _____ Hours M T W Th F