

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

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

**MAYNE**  
**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 \_\_\_\_\_

Office Use Only

**3**

Location No.

No. of days

Reason Code

Approval No.

No. of Days

**PR**  
**AR**

**Specify EXACT time(s) of Absence:**

**TEACHER FTE:**

8:40 am – 3:29 pm 1.19  M  T  W  Th  F  S

8:40 am – 12:00 pm **AM** 0.65  M  T  W  Th  F  S

12:45 pm – 3:29 pm **PM** 0.54  M  T  W  Th  F  S

**OR**

**OTHER TIMES AND ALL CUPE:**

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

**Sub required: Yes  No**



**Specify EXACT time(s) of Replacement:**

**TEACHER FTE:**

8:40 am – 3:29 pm 1.19  M  T  W  Th  F  S

8:40 am – 12:00 pm **AM** 0.65  M  T  W  Th  F  S

12:45 pm – 3:29 pm **PM** 0.54  M  T  W  Th  F  S

**OR**

**OTHER TIMES AND ALL CUPE:**

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

**Paid by: Board  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: \_\_\_\_\_