

SCHOOL DISTRICT No.64 (Gulf Islands)

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

PENDER
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

8

Location No.

No. of days

Reason Code

Approval No.

No. of Days

PR

AR

Specify EXACT time(s) of Absence:

TEACHER FTE:

8:48 am – 3:30 pm 1.19 M T W Th F

8:48 am – 12:00 pm **AM** 0.62 M T W Th F

12:48 pm – 3:30 pm **PM** 0.57 M T W Th F

OR

OTHER TIMES AND ALL CUPE:

Start time End time FTE/hrs

_____ _____ _____ M T W Th F

_____ _____ _____ M T W Th F

_____ _____ _____ M T W Th F

_____ _____ _____ M T W Th F

Sub required: Yes No



Specify EXACT time(s) of Replacement:

TEACHER FTE:

8:48 am – 3:30 pm 1.19 M T W Th F

8:48 am – 12:00 pm **AM** 0.62 M T W Th F

12:48 pm – 3:30 pm **PM** 0.57 M T W Th F

OR

OTHER TIMES AND ALL CUPE:

Start time End time FTE/hrs

_____ _____ _____ M T W Th F

_____ _____ _____ M T W Th F

_____ _____ _____ M T W Th F

_____ _____ _____ M T W Th F

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: _____