

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

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



**PLANT SERVICES**  
2018-2019

Date received at SBO:

<p>NAME of Employee</p> <p style="text-align: center;"><b>Plant Services</b></p> <p>Work Location</p> <p>First Day: _____ Last Day: _____</p> <p><b>Date(s) of Absence</b></p> <hr/> <p>Collective Agreement Article # &amp; Description</p> <hr/> <p>Employee Signature _____ Date _____</p> <hr/> <p>Supervisor signature _____ Date _____</p> <hr/> <p><b>Paid by: Board <input type="checkbox"/> Other: _____</b></p> <hr/> <p>Pro G# _____ ProD Authorization Signature _____</p>	<p><u>Office Use Only</u></p> <p><b>30</b></p> <p>No.</p> <p>No. of days</p> <p>Reason Code</p> <p>Approval No.</p>	<p><b>Specify EXACT time(s) of Absence:</b></p> <p><b>FTE:</b></p> <p>8:00 am – 4:30 pm      1.0 <input type="checkbox"/>    M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>Half-Day (4 hours)      0.5 <input type="checkbox"/>    M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p style="text-align: center;"><b>OR</b></p> <p>_____ Hours      M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p style="text-align: center;"><b>OR</b></p> <p>_____ Hours      M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p>
<p style="text-align: center;"><b>Office Use Only</b></p> <hr/> <p>Replacement #1 (name)</p> <hr/> <p>Replacement #2 (name)</p> <hr/> <p>Account:      550    14200      0</p> <p>                  FPG    OBJECT      CC</p> <hr/> <p>PR Authorized Signature _____ Date _____</p> <hr/> <p>CDS:            Initials &amp; Date: _____</p>	<p>No. of Days</p>	<p><b>Sub required: Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> <p style="text-align: center;">↓</p> <p><b>Specify EXACT time(s) of Replacement:</b></p> <p><b>FTE:</b></p> <p>8:00 am – 4:30 pm      1.0 <input type="checkbox"/>    M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>Half-Day (4 hours)      0.5 <input type="checkbox"/>    M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p style="text-align: center;"><b>OR</b></p> <p>_____ Hours      M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p style="text-align: center;"><b>OR</b></p> <p>_____ Hours      M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p>