

SCHOOL DISTRICT No.64 (Gulf Islands)

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

SATURNA
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 _____ | |
| TIC (for PVP) _____ EA IEP REPLACEMENT _____ | |
| Account: _____ | FPG OBJECT CC |
| PR Authorized Signature _____ | Date _____ |
| CDS: _____ | Initials & Date: _____ |

| |
|------------------------|
| <u>Office Use Only</u> |
| 4 |
| Location No. _____ |
| No. of days _____ |
| Reason Code _____ |
| Approval No. _____ |
| No. of Days _____ |
| PR |
| AR |

Specify EXACT time(s) of Absence:

TEACHER FTE:

| | | |
|--------------------|---|--|
| 8:30 am – 3:00 pm | 1.19 <input type="checkbox"/> | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/> |
| 8:30 am –12:00 pm | AM 0.66 <input type="checkbox"/> | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/> |
| 12:30 pm – 3:00 pm | PM 0.53 <input type="checkbox"/> | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/> |

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

Sub required: Yes No

↓

Specify EXACT time(s) of Replacement:

TEACHER FTE:

| | | |
|--------------------|---|--|
| 8:30 am – 3:00 pm | 1.19 <input type="checkbox"/> | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/> |
| 8:30 am –12:00 pm | AM 0.66 <input type="checkbox"/> | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/> |
| 12:30 pm – 3:00 pm | PM 0.53 <input type="checkbox"/> | M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> D <input type="checkbox"/> |

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