

SCHOOL DISTRICT No.64 (Gulf Islands)

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

SIMS
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

6

Location No. _____

No. of days _____

Reason Code _____

Approval No. _____

Specify EXACT time(s) of Absence:

Full Day
 8:30 am – 3:24 pm 1.19 M T W Th F
 OR

Partial Day

	M	T	W	Th	F
8:30 am - 9:15 am	—	—	—	—	—
9:15 am – 10:00 am	—	—	—	—	—
10:10 am – 10:55 am	—	—	—	—	—
10:55 am - 11:40 pm	—	—	—	—	—
11:40 am – 12:10 pm	—	—	—	—	—
12:55 pm – 1:40 pm	—	—	—	—	—
1:40 pm – 2:25 pm	—	—	—	—	—
2:25 pm – 3:10 pm	—	—	—	—	—
3:10 pm – 3:24 pm	—	—	—	—	—

OR

OTHER:
 Start time End time FTE/hrs

M T W Th F

Paid by: Board Other: _____

Pro G# _____ ProD Authorization Signature _____

Sub required: Yes No

↓

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: _____

No. of Days _____

PR

AR

Specify EXACT time(s) of Replacement:

Full Day
 8:30 am – 3:24 pm 1.19 M T W Th F
 OR

Partial Day

	M	T	W	Th	F
8:30 am - 9:15 am	—	—	—	—	—
9:15 am – 10:00 am	—	—	—	—	—
10:10 am – 10:55 am	—	—	—	—	—
10:55 am - 11:40 pm	—	—	—	—	—
11:40 am – 12:10 pm	—	—	—	—	—
12:55 pm – 1:40 pm	—	—	—	—	—
1:40 pm – 2:25 pm	—	—	—	—	—
2:25 pm – 3:10 pm	—	—	—	—	—
3:10 pm – 3:24 pm	—	—	—	—	—

OR

OTHER:
 Start time End time FTE/hrs

M T W Th F