

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

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

**SSE**  
**2018-2019**

Date received at SBO:

NAME of Employee _____		<u>Office Use Only</u>  <b>2</b>  Location No.  No. of Days  Reason Code  Approval No.  No. of Days  <b>PR</b>  <b>AR</b>
Work Location _____	Position _____	
First Day: _____	Last Day: _____	
<b>Date(s) of Absence</b> _____		
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: _____	

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

**TEACHER FTE:**

8:25 am – 3:15 pm                      1.19     M  T  W  Th  F

8:25 am – 12:00 pm    **AM**    0.67     M  T  W  Th  F

12:46 pm – 3:15 pm                      **PM**    0.52     M  T  W  Th  F

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

**Sub required: Yes  No**

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

**TEACHER FTE:**

8:25 am – 3:15 pm                      1.19     M  T  W  Th  F

8:25 am – 12:00 pm    **AM**    0.67     M  T  W  Th  F

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