

SCHOOL DISTRICT No.64 (Gulf Islands)

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

WINDSOR HOUSE
 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	
<div style="border: 1px solid black; padding: 5px;"> EA - IEP REPLACEMENT _____ <input type="checkbox"/> TIC (for PVP) _____ </div>	
Account:	FPG OBJECT CC
PR Authorized Signature	Date
CDS: _____ Initials & Date:	

<u>Office Use Only</u> 19
Location No.
No. of days
Reason Code
Approval No.
No of Days
PR AR

Specify EXACT time(s) of Absence:			
TEACHER	FTE:		
9:15 am - 3:30 pm	1.0 <input type="checkbox"/>		MO TO WO Th <input type="checkbox"/> FO
9:15 am - 3:50 pm	1.0 <input type="checkbox"/>		MO TO WO Th <input type="checkbox"/> FO
9:15 am – 12:30 pm	AM 0.50 <input type="checkbox"/>		MO TO WO Th <input type="checkbox"/> FO
OR			
OTHER TIMES AND ALL CUPE:			
_____	_____	_____	MO TO WO Th <input type="checkbox"/> FO
Start time	End time	FTE/hrs	
_____	_____	_____	MO TO WO Th <input type="checkbox"/> FO
Start time	End time	FTE/hrs	
_____	_____	_____	MO TO WO Th <input type="checkbox"/> FO
Start time	End time	FTE/hrs	

Sub required: Yes No

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Specify EXACT time(s) of Replacement:			
TEACHER	FTE:		
9:15 am - 3:30 pm	1.0 <input type="checkbox"/>		MO TO WO Th <input type="checkbox"/> FO
9:15 am - 3:50 pm	1.0 <input type="checkbox"/>		MO TO WO Th <input type="checkbox"/> FO
9:15 am – 12:30 pm	AM 0.50 <input type="checkbox"/>		MO TO WO Th <input type="checkbox"/> FO
OR			
OTHER TIMES AND ALL CUPE:			
_____	_____	_____	MO TO WO Th <input type="checkbox"/> FO
Start time	End time	FTE/hrs	
_____	_____	_____	MO TO WO Th <input type="checkbox"/> FO
Start time	End time	FTE/hrs	
_____	_____	_____	MO TO WO Th <input type="checkbox"/> FO
Start time	End time	FTE/hrs	