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

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

**FERNWOOD**
**2019-2020**

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 ☐ Other: _____**

Pro G# ProD Authorization Signature

Replacement #1 (name) for Teacher and Office Use

Replacement #2 (name) for Teacher and Office Use

EA - IEP REPLACEMENT_____

☐TIC (for PVP) _____

Account: FPG OBJECT CC

PR Authorized Signature Date

CDS:_____ Initials & Date:

**Office Use Only**

**7**

**Location No.**

**No. of days**

**Reason Code**

**Approval No.**

**No of Days**

**PR**

**AR**

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

**TEACHER**

☐ **Full Day** M☐ T☐ W☐ Th☐ F☐

☐ **AM** M☐ T☐ W☐ Th☐ F☐

☐ **PM** M☐ T☐ W☐ Th☐ F☐

*OR*

**CUPE**

_____ _____ _____ M☐ T☐ W☐ Th☐ F☐
Start time End time Hours

_____ _____ _____ M☐ T☐ W☐ Th☐ F☐
Start time End time Hours

_____ _____ _____ M☐ T☐ W☐ Th☐ F☐
Start time End time Hours

**Sub required: Yes ☐ No ☐**

↓

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

**TEACHER**

☐ **Full Day** M☐ T☐ W☐ Th☐ F☐

☐ **AM** M☐ T☐ W☐ Th☐ F☐

☐ **PM** M☐ T☐ W☐ Th☐ F☐

*OR*

**CUPE**

_____ _____ _____ M☐ T☐ W☐ Th☐ F☐
Start time End time Hours

_____ _____ _____ M☐ T☐ W☐ Th☐ F☐
Start time End time Hours

_____ _____ _____ M☐ T☐ W☐ Th☐ F☐
Start time End time Hours