

SCHOOL DISTRICT No.64 (Gulf Islands)

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

FULFORD
 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 <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; margin: 5px 0;"> EA IEP REPLACEMENT _____ TIC (for PVP) _____ </div> Account: FPG OBJECT CC PR Authorized Signature _____ Date _____ CDS: Initials & Date: _____		<p><u>CDS Only</u></p> <p>9</p> <p>Location No. _____</p> <p>No. of days _____</p> <p>Reason Code _____</p> <p>Approval No. _____</p> <p>No. Days _____</p> <p>PR</p> <p>AR</p>	<p>Specify EXACT time(s) of Absence:</p> <p><u>TEACHER FTE:</u></p> <p>8:13 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"/></p> <p>8:13 am – 12:00 pm AM 0.70 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p>12:40 pm – 3:00 pm PM 0.49 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/></p> <p style="text-align: center;">OR</p> <p><u>OTHER TIMES AND ALL CUPE STAFF:</u></p> <table style="width: 100%; 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