

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

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

**GALIANO**  
 2019-2020

Date received at SBO:

NAME of Employee _____	
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 _____
<b>Paid by: Board <input type="checkbox"/> Other: _____</b> _____	
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: _____

<u>Office Use Only</u>
<b>5</b>
Location No. _____
No. of days _____
Reason Code _____
Approval No. _____
No. of Days _____
<b>PR</b>
<b>AR</b>

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

**TEACHER FTE:**

K - 7  Gr. 8     **Full Day**     M  T  W  Th  F

K - 7  Gr. 8     **AM**     M  T  W  Th  F

K - 7  Gr. 8     **PM**     M  T  W  Th  F

**OR**

**OTHER TIMES AND ALL CUPE STAFF:**

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"/>
_____	_____	_____	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:**

K - 7  Gr. 8     **Full Day**     M  T  W  Th  F

K - 7  Gr. 8     **AM**     M  T  W  Th  F

K - 7  Gr. 8     **PM**     M  T  W  Th  F

**OR**

**OTHER TIMES AND ALL CUPE STAFF:**

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