

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

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



Date received at SBO:

NAME of Employee <hr/> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Grounds Department</p> <hr/> Work Location <hr/> First Day: _____ Last Day: _____ <b>Date(s) of Absence</b> <hr/> Collective Agreement Article # & Description <hr/> Employee Signature _____ Date _____ <hr/> Supervisor signature _____ Date _____ <hr/> Paid by: Board <input type="checkbox"/> Other: _____ <hr/> Pro G# _____ ProD Authorization Signature _____ <hr/> <p style="text-align: center; font-weight: bold;">Office Use Only</p> <hr/> Replacement #1 (name) <hr/> Replacement #2 (name) <hr/> <hr/> Account:      552      14200      0 FPG      OBJECT      CC <hr/> PR Authorized Signature _____ Date _____ <hr/> CDS: _____ Initials & Date: _____	<p><u>Office Use Only</u></p> <p style="font-size: 1.5em; font-weight: bold;">31</p> <p>No.</p> <hr/> <p>No. of days</p> <hr/> <p>Reason Code</p> <hr/> <p>Approval No.</p> <hr/> <p>No. of Days</p>
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Specify EXACT time(s) of Absence:

**FTE:**

8:00 am – 4:30 pm      1.0       M  T  W  Th  F

Half-Day      0.5       M  T  W  Th  F

OR

Start time \_\_\_\_\_ End time \_\_\_\_\_ Hours \_\_\_\_\_ M  T  W  Th  F

OR

Hours \_\_\_\_\_ M  T  W  Th  F

Sub required: Yes  No

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Specify EXACT time(s) of Replacement:

**FTE:**

8:00 am – 4:30 pm      1.0       M  T  W  Th  F

Half-Day      0.5       M  T  W  Th  F

OR

Start time \_\_\_\_\_ End time \_\_\_\_\_ Hours \_\_\_\_\_ M  T  W  Th  F

OR

Hours \_\_\_\_\_ M  T  W  Th  F