

SCHOOL DISTRICT No.64 (Gulf Islands)

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

MAYNE
 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 _____

Office Use Only

3

Location No.

No. of days

Reason Code

Approval No.

No. of Days

PR

AR

Specify EXACT time(s) of Absence:

TEACHER FTE:

K - 7 Gr. 8 Full Day MO TO WO Th FO

K - 7 Gr. 8 AM MO TO WO Th FO

K - 7 Gr. 8 PM MO TO WO Th FO

OR

OTHER TIMES AND ALL CUPE:

Start time End time FTE/hrs

_____ MO TO WO Th FO

_____ MO TO WO Th FO

_____ MO TO WO Th FO

Sub required: Yes No



Specify EXACT time(s) of Replacement:

TEACHER FTE:

K - 7 Gr. 8 Full Day MO TO WO Th FO

K - 7 Gr. 8 AM MO TO WO Th FO

K - 7 Gr. 8 PM MO TO WO Th FO

OR

OTHER TIMES AND ALL CUPE:

Start time End time FTE/hrs

_____ MO TO WO Th FO

_____ MO TO WO Th FO

_____ MO TO WO Th FO

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 _____

TIC (for PVP) _____

EA IEP REPLACEMENT _____

Account: FPG OBJECT CC

PR Authorized Signature _____ Date _____

CDS: Initials & Date: _____