

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

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

**PENDER**  
**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

**8**

Location No. \_\_\_\_\_

No. of days \_\_\_\_\_

Reason Code \_\_\_\_\_

Approval No. \_\_\_\_\_

No. of Days \_\_\_\_\_

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

**TEACHER FTE:**

K - 7  8-12  Full Day  MO TO WO Th  FO

K - 7  8-12  AM  MO TO WO Th  FO

K - 7  8-12  PM  MO TO WO Th  FO

**OR**

**OTHER TIMES AND ALL CUPE:**

| Start time | End time | FTE/hrs |   |
|------------|----------|---------|---|
| _____      | _____    | _____   | MO TO WO Th <input type="checkbox"/> FO |
| _____      | _____    | _____   | MO TO WO Th <input type="checkbox"/> FO |
| _____      | _____    | _____   | MO TO WO Th <input type="checkbox"/> FO |
| _____      | _____    | _____   | MO TO WO Th <input type="checkbox"/> FO |

**Paid by: Board  Other: \_\_\_\_\_**

Pro G# \_\_\_\_\_ ProD Authorization Signature \_\_\_\_\_

**Sub required: Yes  No**

↓

Replacement #1 (name) for Teacher and Office Use \_\_\_\_\_

Replacement #2 (name) for Teacher and Office Use \_\_\_\_\_

**TIC (for PVP)** \_\_\_\_\_

EA IEP REPLACEMENT \_\_\_\_\_

**PR**

**AR**

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

**TEACHER FTE:**

K - 7  8-12  Full Day  MO TO WO Th  FO

K - 7  8-12  AM  MO TO WO Th  FO

K - 7  8-12  PM  MO TO WO Th  FO

**OR**

**OTHER TIMES AND ALL CUPE:**

| Start time | End time | FTE/hrs |   |
|------------|----------|---------|---|
| _____      | _____    | _____   | MO TO WO Th <input type="checkbox"/> FO |
| _____      | _____    | _____   | MO TO WO Th <input type="checkbox"/> FO |
| _____      | _____    | _____   | MO TO WO Th <input type="checkbox"/> FO |
| _____      | _____    | _____   | MO TO WO Th <input type="checkbox"/> FO |

Account: \_\_\_\_\_ FPG \_\_\_\_\_ OBJECT \_\_\_\_\_ CC \_\_\_\_\_

PR Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

CDS: \_\_\_\_\_ Initials & Date: \_\_\_\_\_