

SCHOOL DISTRICT No.64 (Gulf Islands)

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

PHOENIX ELEMENTARY
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

11

Location No. _____

No. of days _____

Reason Code _____

Approval No. _____

Specify EXACT time(s) of Absence:

FTE:

K - 7 Gr. 8 Full Day MO TU WED TH FRI

K - 7 Gr. 8 AM MO TU WED TH FRI

K - 7 Gr. 8 PM MO TU WED TH FRI

OR

OTHER:

Start time _____ End time _____ FTE/hrs _____

_____ MO TU WED TH FRI

_____ MO TU WED TH FRI

_____ MO TU WED TH FRI

_____ MO TU WED TH FRI

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 _____

No. of Days _____

PR

AR

Specify EXACT time(s) of Replacement:

FTE:

K - 7 Gr. 8 Full Day MO TU WED TH FRI

K - 7 Gr. 8 AM MO TU WED TH FRI

K - 7 Gr. 8 PM MO TU WED TH FRI

OR

OTHER:

Start time _____ End time _____ FTE/hrs _____

_____ MO TU WED TH FRI

_____ MO TU WED TH FRI

_____ MO TU WED TH FRI

_____ MO TU WED TH FRI

Account: _____ FPG _____ OBJECT _____ CC _____

PR Authorized Signature _____ Date _____

CDS: _____ Initials & Date: _____