

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

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

**SATURNA**  
 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>4</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:**

8:30 am – 3:05 pm	1.19 <input type="checkbox"/>	MO <input type="checkbox"/>	TU <input type="checkbox"/>	WED <input type="checkbox"/>	TH <input type="checkbox"/>	FR <input type="checkbox"/>
8:30 am –12:00 pm	<b>AM</b> 0.67 <input type="checkbox"/>	MO <input type="checkbox"/>	TU <input type="checkbox"/>	WED <input type="checkbox"/>	TH <input type="checkbox"/>	FR <input type="checkbox"/>
12:30 pm – 3:05 pm	<b>PM</b> 0.52 <input type="checkbox"/>	MO <input type="checkbox"/>	TU <input type="checkbox"/>	WED <input type="checkbox"/>	TH <input type="checkbox"/>	FR <input type="checkbox"/>

**OR**

**OTHER TIMES AND ALL CUPE:**

Start time	End time	FTE/hrs	
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FR <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FR <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FR <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FR <input type="checkbox"/>

**Sub required: Yes  No**

↓

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

**TEACHER FTE:**

8:30 am – 3:05 pm	1.19 <input type="checkbox"/>	MO <input type="checkbox"/>	TU <input type="checkbox"/>	WED <input type="checkbox"/>	TH <input type="checkbox"/>	FR <input type="checkbox"/>
8:30 am –12:00 pm	<b>AM</b> 0.67 <input type="checkbox"/>	MO <input type="checkbox"/>	TU <input type="checkbox"/>	WED <input type="checkbox"/>	TH <input type="checkbox"/>	FR <input type="checkbox"/>
12:30 pm – 3:05 pm	<b>PM</b> 0.52 <input type="checkbox"/>	MO <input type="checkbox"/>	TU <input type="checkbox"/>	WED <input type="checkbox"/>	TH <input type="checkbox"/>	FR <input type="checkbox"/>

**OR**

**OTHER TIMES AND ALL CUPE:**

Start time	End time	FTE/hrs	
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FR <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FR <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FR <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FR <input type="checkbox"/>