

SCHOOL DISTRICT No.64 (Gulf Islands)

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

SIMS
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 _____	<u>Office Use Only</u> 6 Location No. No. of days Reason Code Approval No.
Paid by: Board <input type="checkbox"/> Other: _____ Pro G# _____ ProD Authorization Signature _____	
Replacement #1 (name) for Teacher and Office Use _____ Replacement #2 (name) for Teacher and Office Use _____ <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> TIC (for PVP) _____ EA IEP REPLACEMENT _____ </div> Account: FPG OBJECT CC PR Authorized Signature _____ Date _____ CDS: Initials & Date: _____	No. of Days PR AR

Specify EXACT time(s) of Absence:

Full Day
 8:30 am – 3:25 pm 1.19 M T W Th F FD
 OR

Partial Day M T W Th F

8:30 am - 9:15 am	—	—	—	—	—
9:15 am – 10:00 am	—	—	—	—	—
10:00 am – 10:45 am	—	—	—	—	—
10:45 am - 11:30 am	—	—	—	—	—
11:30 am – 12:15 pm	—	—	—	—	—
1:00 pm – 1:45 pm	—	—	—	—	—
1:45 pm – 2:30 pm	—	—	—	—	—
2:30 pm – 3:25 pm	—	—	—	—	—

OR

OTHER:

Start time	End time	FTE/hrs	
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> FD
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> FD

Sub required: Yes No

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Specify EXACT time(s) of Replacement:

Full Day
 8:30 am – 3:25 pm 1.19 M T W Th F FD
 OR

Partial Day M T W Th F

8:30 am - 9:15 am	—	—	—	—	—
9:15 am – 10:00 am	—	—	—	—	—
10:00 am – 10:45 am	—	—	—	—	—
10:45 am - 11:30 am	—	—	—	—	—
11:30 am – 12:15 pm	—	—	—	—	—
1:00 pm – 1:45 pm	—	—	—	—	—
1:45 pm – 2:30 pm	—	—	—	—	—
2:30 pm – 3:25 pm	—	—	—	—	—

OR

OTHER:

Start time	End time	FTE/hrs	
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> FD