

SCHOOL DISTRICT No.64 (Gulf Islands)

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



Date received at SBO:

NAME of Employee _____

Bus Rte. No: _____

First Day: _____ Last Day: _____

Date(s) of Absence _____

Collective Agreement Article # & Description _____

Employee Signature _____ Date _____

Supervisor signature _____ Date _____

Paid by: Board **Other:** _____

Pro G# _____ ProD Authorization Signature _____

Office Use Only

Replacement #1 (name) _____

Replacement #2 (name) _____

Account: 770-14200-0 FPG OBJECT CC

PR Authorized Signature _____ Date _____

CDS: _____ Initials & Date: _____

OFFICE USE ONLY

36

No.

FTE

Reason Code

Approval No.

FTE

PR

AR

Specify EXACT time(s) of Absence:

FTE:

Full Day MO TO WO Th FO
OR

AM MO TO WO Th FO
OR

PM MO TO WO Th FO
OR

OTHER:

____ or ____ MO TO WO Th FO
Start time End time or Hours

____ or ____ MO TO WO Th FO
Start time End time or Hours

____ or ____ MO TO WO Th FO
Start time End time or Hours

Sub required: Yes **No**

↓

Specify EXACT time(s) of Replacement:

FTE:

Full Day MO TO WO Th FO
OR

AM MO TO WO Th FO
OR

PM MO TO WO Th FO
OR

OTHER:

____ or ____ MO TO WO Th FO
Start time End time or Hours

____ or ____ MO TO WO Th FO
Start time End time or Hours

____ or ____ MO TO WO Th FO
Start time End time or Hours