

SCHOOL DISTRICT No.64 (Gulf Islands)

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

FERNWOOD
2021-2022

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
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	
EA - IEP REPLACEMENT _____	
<input type="checkbox"/> TIC (for PVP) _____	
Account:	FPG OBJECT CC
PR Authorized Signature	Date
CDS: _____ Initials & Date:	

OFFICE USE ONLY
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Location No.
FTE
Reason Code
Approval No.
FTE
PR AR

Specify EXACT time(s) of Absence:

TEACHER

8:25 am – 3:22 pm 1.19 M T W Th F

8:25 am – 11:35 am **AM** 0.61 M T W Th F

12:20 pm – 3:22 pm **PM** 0.58 M T W Th F

OR

CUPE

____ Start time ____ End time ____ Hours M T W Th F

____ Start time ____ End time ____ Hours M T W Th F

____ Start time ____ End time ____ Hours M T W Th F

Sub required: Yes No

↓

Specify EXACT time(s) of Replacement:

TEACHER

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