

SCHOOL DISTRICT No.64 (Gulf Islands)

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

GALIANO
 2021-2022

Date received at SBO:

OFFICE USE ONLY	
5	
Location No.	
FTE	
Reason Code	
Approval No.	
FTE	
PR	
AR	

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 _____	
<div style="border: 1px solid black; padding: 5px;"> TIC (for PVP) _____ EA IEP REPLACEMENT _____ </div>	
Account: _____	FPG OBJECT CC
PR Authorized Signature _____	Date _____
CDS: _____	Initials & Date: _____

Specify EXACT time(s) of Absence:

TEACHER FTE:

K - 7 Gr. 8 **Full Day** MO TO WO Th FO

K - 7 Gr. 8 **AM** MO TO WO Th FO

K - 7 Gr. 8 **PM** MO TO WO Th FO

OR

OTHER TIMES AND ALL CUPE STAFF:

Start time	End time	FTE/hrs	
_____	_____	_____	MO TO WO Th <input type="checkbox"/> FO
_____	_____	_____	MO TO WO Th <input type="checkbox"/> FO
_____	_____	_____	MO TO WO Th <input type="checkbox"/> FO
_____	_____	_____	MO TO WO Th <input type="checkbox"/> FO

Sub required: Yes No

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Specify EXACT time(s) of Replacement:

TEACHER FTE:

K - 7 Gr. 8 **Full Day** MO TO WO Th FO

K - 7 Gr. 8 **AM** MO TO WO Th FO

K - 7 Gr. 8 **PM** MO TO WO Th FO

OR

OTHER TIMES AND ALL CUPE STAFF:

Start time	End time	FTE/hrs	
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_____	_____	_____	MO TO WO Th <input type="checkbox"/> FO
_____	_____	_____	MO TO WO Th <input type="checkbox"/> FO