

SCHOOL DISTRICT No.64 (Gulf Islands)

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



GROUNDS
2021-2022

Date received at SBO:

NAME of Employee
Grounds Department
Work Location
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: 552 FPG 14200 OBJECT 0 CC
PR Authorized Signature Date
CDS: Initials & Date:

OFFICE USE ONLY
31
No.
FTE
Reason Code
Approval No.
FTE

Specify EXACT time(s) of Absence:
FTE:
8:00 am - 4:30 pm 1.0 [ ] MO [ ] TU [ ] W [ ] TH [ ] F [ ]
Half-Day 0.5 [ ] MO [ ] TU [ ] W [ ] TH [ ] F [ ]
OR
Start time End time Hours MO [ ] TU [ ] W [ ] TH [ ] F [ ]
OR
Hours MO [ ] TU [ ] W [ ] TH [ ] F [ ]

Sub required: Yes [ ] No [ ]

Specify EXACT time(s) of Replacement:
FTE:
8:00 am - 4:30 pm 1.0 [ ] MO [ ] TU [ ] W [ ] TH [ ] F [ ]
Half-Day 0.5 [ ] MO [ ] TU [ ] W [ ] TH [ ] F [ ]
OR
Start time End time Hours MO [ ] TU [ ] W [ ] TH [ ] F [ ]
OR
Hours MO [ ] TU [ ] W [ ] TH [ ] F [ ]