

SCHOOL DISTRICT No.64 (Gulf Islands)

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

PENDER
2021-2022

Date received at SBO:

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| <p>NAME of Employee _____</p> <hr/> <p>Work Location _____ Position _____</p> <hr/> <p>First Day: _____ Last Day: _____</p> <p>Date(s) of Absence _____</p> <hr/> <p>Collective Agreement Article # & Description _____</p> <hr/> <p>Employee Signature _____ Date _____</p> <hr/> <p>P/VP/Supervisor Signature _____ Date _____</p> <hr/> <p>Paid by: Board <input type="checkbox"/> Other: _____</p> <hr/> <p>Pro G# _____ ProD Authorization Signature _____</p> <hr/> <p>Replacement #1 (name) for Teacher and Office Use _____</p> <hr/> <p>Replacement #2 (name) for Teacher and Office Use _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>TIC (for PVP) _____</p> <p>EA IEP REPLACEMENT _____</p> </div> <hr/> <p>Account: FPG OBJECT CC</p> <hr/> <p>PR Authorized Signature _____ Date _____</p> <hr/> <p>CDS: Initials & Date: _____</p> | <p>OFFICE USE ONLY</p> <p>8</p> <hr/> <p>Location No.</p> <hr/> <p>FTE</p> <hr/> <p>Reason Code</p> <hr/> <p>Approval No.</p> <hr/> <p>FTE</p> <p>PR</p> <p>AR</p> | <p>Specify EXACT time(s) of Absence:</p> <hr/> <p>TEACHER FTE:</p> <p>K - 6 <input type="checkbox"/> 7-12 <input type="checkbox"/> Full Day <input type="checkbox"/> MO TO WO Th <input type="checkbox"/> FO</p> <p>K - 6 <input type="checkbox"/> 7-12 <input type="checkbox"/> AM <input type="checkbox"/> MO TO WO Th <input type="checkbox"/> FO</p> <p>K - 6 <input type="checkbox"/> 7-12 <input type="checkbox"/> PM <input type="checkbox"/> MO TO WO Th <input type="checkbox"/> FO</p> <p style="text-align: center;">OR</p> <p>OTHER TIMES AND ALL CUPE:</p> <table style="width:100%;"> <tr> <td style="width:25%;">Start time</td> <td style="width:25%;">End time</td> <td style="width:25%;">FTE/hrs</td> <td style="width:25%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>MO TO WO Th <input type="checkbox"/> FO</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>MO TO WO Th <input type="checkbox"/> FO</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>MO TO WO Th <input type="checkbox"/> FO</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>MO TO WO Th <input type="checkbox"/> FO</td> </tr> </table> <p style="text-align: center;">Sub required: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Specify EXACT time(s) of Replacement:</p> <hr/> <p>TEACHER FTE:</p> <p>K - 6 <input type="checkbox"/> 7-12 <input type="checkbox"/> Full Day <input type="checkbox"/> MO TO WO Th <input type="checkbox"/> FO</p> <p>K - 6 <input type="checkbox"/> 7-12 <input type="checkbox"/> AM <input type="checkbox"/> MO TO WO Th <input type="checkbox"/> FO</p> <p>K - 6 <input type="checkbox"/> 7-12 <input type="checkbox"/> PM <input type="checkbox"/> MO TO WO Th <input type="checkbox"/> FO</p> <p style="text-align: center;">OR</p> <p>OTHER TIMES AND ALL CUPE:</p> <table style="width:100%;"> <tr> <td style="width:25%;">Start time</td> <td style="width:25%;">End time</td> <td style="width:25%;">FTE/hrs</td> <td style="width:25%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>MO TO WO Th <input type="checkbox"/> FO</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>MO TO WO Th <input type="checkbox"/> FO</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>MO TO WO Th <input type="checkbox"/> FO</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>MO TO WO Th <input type="checkbox"/> FO</td> </tr> </table> | 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 | 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 |
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