

**SCHOOL DISTRICT No.64 (Gulf Islands)**

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



**PLANT SERVICES**  
2021-2022

Date received at SBO:

NAME of Employee  
**Plant Services**

Work Location

First Day: \_\_\_\_\_ Last Day: \_\_\_\_\_

**Date(s) of Absence**

Collective Agreement Article # & Description

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

**30**

**No.**

**FTE**

**Reason Code**

**Approval No.**

**Specify EXACT time(s) of Absence:**

**FTE:**

8:00 am – 4:30 pm      1.0     M  T  W  Th  F

Half-Day (4 hours)      0.5     M  T  W  Th  F

**OR**

\_\_\_\_\_    \_\_\_\_\_    Hours      M  T  W  Th  F

Start time    End time

**OR**

\_\_\_\_\_    Hours      M  T  W  Th  F

**Paid by: Board  Other: \_\_\_\_\_**

Pro G# \_\_\_\_\_ ProD Authorization Signature \_\_\_\_\_

**Sub required: Yes  No**

↓

**Office Use Only**

Replacement #1 (name)

Replacement #2 (name)

Account:      550    14200      0  
                  FPG    OBJECT      CC

PR Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

CDS:            Initials & Date: \_\_\_\_\_

**FTE**

**Specify EXACT time(s) of Replacement:**

**FTE:**

8:00 am – 4:30 pm      1.0     M  T  W  Th  F

Half-Day (4 hours)      0.5     M  T  W  Th  F

**OR**

\_\_\_\_\_    \_\_\_\_\_    Hours      M  T  W  Th  F

Start time    End time

**OR**

\_\_\_\_\_    Hours      M  T  W  Th  F