

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

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

**SATURNA**  
 2021-2022

Date received at SBO:

<b>OFFICE USE ONLY</b>	
<b>4</b>	
<b>Location No.</b>	
<b>FTE</b>	
<b>Reason Code</b>	
<b>Approval No.</b>	
<b>FTE</b>	
<b>PR</b>	
<b>AR</b>	

NAME of Employee _____	
Work Location _____	Position _____
First Day: _____	Last Day: _____
<b>Date(s) of Absence</b>	
Collective Agreement Article # & Description _____	
Employee Signature _____	Date _____
P/VP/Supervisor Signature _____	Date _____
<b>Paid by: Board <input type="checkbox"/> Other: _____</b>	
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:**

8:30 am – 3:05 pm            1.19  M  T  W  Th  F  D

8:30 am –12:00 pm    **AM** 0.67  M  T  W  Th  F  D

12:30 pm – 3:05 pm    **PM** 0.52  M  T  W  Th  F  D

**OR**

**OTHER TIMES AND ALL CUPE:**

Start time	End time	FTE/hrs	
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> D
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> D
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> D

**Sub required: Yes  No**

↓

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

**TEACHER FTE:**

8:30 am – 3:05 pm            1.19  M  T  W  Th  F  D

8:30 am –12:00 pm    **AM** 0.67  M  T  W  Th  F  D

12:30 pm – 3:05 pm    **PM** 0.52  M  T  W  Th  F  D

**OR**

**OTHER TIMES AND ALL CUPE:**

Start time	End time	FTE/hrs	
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> D
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> D
_____	_____	_____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> D