

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

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

**SIMS**  
**2021-2022**

Date received at SBO:

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; margin: 5px 0;">                     TIC (for PVP) _____                       EA IEP REPLACEMENT _____                 </div> Account: _____ FPG _____ OBJECT _____ CC _____  PR Authorized Signature _____ Date _____  CDS: _____ Initials & Date: _____	<b>OFFICE                  USE ONLY</b>  <b>2</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>
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**Specify EXACT time(s) of Absence:**

**Full Day**  
 8:30 am – 3:25 pm      1.19  M  T  W  Th  F    
 OR

**Partial Day**      M   T   W   Th   F

8:30 am - 9:15 am	—	—	—	—	—
9:15 am – 10:00 am	—	—	—	—	—
10:00 am – 10:45 am	—	—	—	—	—
10:45 am - 11:30 am	—	—	—	—	—
11:30 am – 12:15 pm	—	—	—	—	—
1:00 pm – 1:45 pm	—	—	—	—	—
1:45 pm – 2:30 pm	—	—	—	—	—
2:30 pm – 3:25 pm	—	—	—	—	—

OR

**OTHER:**  
 Start time   End time   FTE/hrs  
 \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_      M  T  W  Th  F

**Sub required: Yes  No**

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

**Full Day**  
 8:30 am – 3:25 pm      1.19  M  T  W  Th  F    
 OR

**Partial Day**      M   T   W   Th   F

8:30 am - 9:15 am	—	—	—	—	—
9:15 am – 10:00 am	—	—	—	—	—
10:00 am – 10:45 am	—	—	—	—	—
10:45 am - 11:30 am	—	—	—	—	—
11:30 am – 12:15 pm	—	—	—	—	—
1:00 pm – 1:45 pm	—	—	—	—	—
1:45 pm – 2:30 pm	—	—	—	—	—
2:30 pm – 3:25 pm	—	—	—	—	—

OR

**OTHER:**  
 Start time   End time   FTE/hrs  
 \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_      M  T  W  Th  F