

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

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

**SSE**  
**2021-2022**

Date received at SBO:

NAME of Employee _____		<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>
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"/></b> <b>Other: _____ <input type="checkbox"/></b>		
Pro G# _____	ProD Authorization Signature _____	
Replacement #1 (name) for Teacher and Office Use _____		
Replacement #2 (name) for Teacher and Office Use _____		
TIC (for PVP) _____  EA IEP REPLACEMENT _____		
Account: _____	FPG    OBJECT    CC	
PR Authorized Signature _____	Date _____	
CDS: _____	Initials & Date: _____	

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

**Grades: K-2  3-6**

**TEACHER FTE:**

8:25 am – 3:18 pm	1.19 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
8:25 am – 12:00 pm	<b>AM</b> 0.66 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
12:46 pm – 3:18 pm	<b>PM</b> 0.53 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>

OR

**OTHER TIMES AND ALL CUPE:**

Start time	End time	FTE/hrs	
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>

**Sub required: Yes  No**

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

**Grades: K-2  3-6**

**TEACHER FTE:**

8:25 am – 3:18 pm	1.19 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
8:25 am – 12:00 pm	<b>AM</b> 0.66 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
12:46 pm – 3:18 pm	<b>PM</b> 0.53 <input type="checkbox"/>	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>

OR

**OTHER TIMES AND ALL CUPE:**

Start time	End time	FTE/hrs	
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>
_____	_____	_____	MO <input type="checkbox"/> TU <input type="checkbox"/> WO <input type="checkbox"/> Th <input type="checkbox"/> FO <input type="checkbox"/>