

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

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

**GENERAL**  
**2021-2022**

Date received at SBO:

<p>NAME of Employee _____</p> <hr/> <p>Work Location _____ Position _____</p> <hr/> <p>First Day: _____ Last Day: _____</p> <p><b>Date(s) of Absence</b> _____</p> <hr/> <p>Collective Agreement Article # &amp; Description _____</p> <hr/> <p>Employee Signature _____ Date _____</p> <hr/> <p>P/V/P/Supervisor Signature _____ Date _____</p> <hr/> <p><b>Paid by: Board <input type="checkbox"/> Other: _____</b></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> <hr/> <p>Replacement #3 (name) for Teacher and Office Use _____</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><b>Assignment:</b> TCHR <input type="checkbox"/> EA <input type="checkbox"/> CLERK <input type="checkbox"/> EO <input type="checkbox"/>                  OPERATIONS <input type="checkbox"/> P/V/P <input type="checkbox"/> ECE <input type="checkbox"/></p> <p><b>TIC (for PVP)</b> _____</p> </div> <hr/> <p>Account: _____ FPG _____ OBJECT _____ CC _____</p> <hr/> <p>PR Authorized Signature _____ Date _____</p> <hr/> <p>CDS: _____ Initials &amp; Date: _____</p>	<p><b>OFFICE USE ONLY</b></p> <hr/> <p><b>Location No.</b></p> <hr/> <p><b>FTE</b></p> <hr/> <p><b>Reason Code</b></p> <hr/> <p><b>Approval No.</b></p> <hr/> <p><b>FTE</b></p> <hr/> <p><b>PR</b></p> <hr/> <p><b>AR</b></p>	<p><b>Specify EXACT time(s) of absence:</b></p> <p><b>FTE:</b>                  ___:___ am – ___:___ pm <b>FULL DAY</b> <input type="checkbox"/> MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/>                  ___:___ am – ___:___ pm _____ <input type="checkbox"/> MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/></p> <p style="text-align: center;"><b>OR</b></p> <p><b>OTHER:</b>                  Start time _____ End time _____ FTE/hrs _____                  _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/>                  _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/>                  _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/>                  _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/>                  _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/></p> <p style="text-align: center;"><b>Sub required: Yes <input type="checkbox"/> No <input type="checkbox"/></b></p> <p style="text-align: center;">↓</p> <p><b>Specify EXACT time(s) of replacement:</b></p> <p><b>FTE:</b>                  ___:___ am – ___:___ pm <b>FULL DAY</b> <input type="checkbox"/> MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/>                  ___:___ am – ___:___ pm _____ <input type="checkbox"/> MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/></p> <p style="text-align: center;"><b>OR</b></p> <p><b>OTHER:</b>                  Start time _____ End time _____ FTE/hrs _____                  _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/>                  _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/>                  _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/>                  _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/>                  _____ MO <input type="checkbox"/> TU <input type="checkbox"/> WED <input type="checkbox"/> TH <input type="checkbox"/> FRI <input type="checkbox"/></p>
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