

Site: _____

Sweetwater Union High School District

Request for Leave of Absence

for Conference/Workshop/Meeting/Field Trip/IEP's

**Prior Approval Required
by Site Principal**

Name of Employee: _____ SSN# _____

Name of Event: _____ Location: _____

Day(s) and Date(s) of event: FROM: _____ Thru _____
Day and Date Day and Date

Substitute Needed: YES NO

Class Coverage Needed: YES NO

Periods: _____

| | |
|-------------------------|-------------------------|
| Name of Funding Source: | Department Responsible: |
|-------------------------|-------------------------|

IF THE DISTRICT IS TO BILL ANOTHER AGENCY:

Agency Name: _____ Contact: _____

Agency Address: _____ Cost of Sub: _____

Substitute/Class Coverage Budget Numbers: _____

Pseudo: _____

Sub tape job# _____

| | | | |
|--|--------------------------|----------------------------------|---------------------|
| CONFERENCE/WORKSHOP FEES TO BE PAID BY _____ | | BUDGET _____ | Requisition # _____ |
| Budget Numbers: _____ | CONFERENCE EXPENSE _____ | Pseudo: _____ | |
| ESTIMATED EXPENSES: | * ADVANCE CASH | EMPLOYEE TO BE REIMBURSED | |
| REGISTRATION FEE: | _____ | <input type="checkbox"/> | |
| Hotel: _____ Nights | _____ | <input type="checkbox"/> | |
| Food: _____ Meals | _____ | <input type="checkbox"/> | |
| TRANSPORTATION: | _____ | <input type="checkbox"/> | |
| Total | _____ | | |

* Employee signature below authorizes payroll deduction if Advance Cash is not reconciled within 10 days after completion of the activity (Reg. 4132.2, Paragraph 17)

**The district may assess a \$35 processing charge to the location identified on the Application for Leave of Absence if the request is canceled subsequent to the warrant being prepared and cleared through the County Office of Education.

I hereby certify that I understand the provisions of district policy 4132, regulation 4132.2, paragraph 17, and agree to a payroll deduction equal of this advance if I have not complied with those provisions.

Employee Signature

Additional Approver

Date

Principal