



# San Leandro Unified School District

Personnel Services Department  
835 E. 14th Street, Suite 200  
San Leandro, CA 94577  
(510) 667-3523, Fax (510) 667-6234

## Request for School Business / Conference Or Workshop Attendance

Individual making request: \_\_\_\_\_

Please Print Name

Site Location: \_\_\_\_\_

Event: \_\_\_\_\_

(School Business, Conference, Workshop, Curriculum Writing, etc.)

Date(s): \_\_\_\_\_ Number of Work Days: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Substitute Requested: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

### TO BE COMPLETED BY THE PRINCIPAL OR DIRECTOR

Will a substitute be required?  Yes  No      Number of Work Days \_\_\_\_\_  
 Full Day       Half-Day request is for  AM  PM

Account to be charged:

Site Budget Number: \_\_\_\_\_

Site Budget Title: \_\_\_\_\_

Categorical Fund:     SIP     GATE     Title I     SB 1882     Other \_\_\_\_\_

Plan Page: \_\_\_\_\_ Criterion: \_\_\_\_\_

Activity: \_\_\_\_\_

Object: \_\_\_\_\_

Principal / Director Signature  
(Signature Indicates Approval)

Date Received

Date Approved

Approved

Not Approved

Job # \_\_\_\_\_

Personnel Services Office

Date Received

Date Approved

**Completed form must be received by Personnel Services five (5) working days prior to the date the substitute is required in order to determine availability.**