



San Leandro Unified School District

Personnel Services
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

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.