

SITE: _____

EASTLAKE HIGH SCHOOL Request for Leave of Absence

Prior Approval Required
by Site Principal

Please check one: * Conference * Workshop Meeting IEP Other

Name of Employee: _____ Last 4 of SS _____

Name of Event: _____ Location: _____

Day(s) and Date(s) of eve From: _____ Thru: _____
Day Date Day Date

Substitute Needed: Yes No

Sub tape job # _____

Sub Name: _____
(if known)

Class Coverage Needed: Yes No

If yes, what period(s)

Teacher covering: _____

IF EASTLAKE HIGH IS TO BILL ANOTHER OFFICE/DEPARTMENT:

OFFICE / DEP NAME: _____

CONTACT PERSON: _____

Pseudo No.

CONFERENCE/WORKSHOP FEES TO BE PAID BY:		Budget/Pseudo _____	
Requisition No. _____	Department/Contact Person _____		
Estimated Expenses:	* Cash Advance	Employee to be Reimbursed	<p>**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)</p> <p>The District may asses a \$75 processing charge to the budget identified on the Application for Leave of Absence if the request is cancelled subsequent to the warrant being prepared and cleared through the County Office of Education.</p>
Registration Fee: \$ _____		<input type="checkbox"/>	
Hotel: Nights \$ _____			
*Food: Meals \$ _____			
Transportation: \$ _____ (miles x .54)			
TOTAL \$ _____			

*Food:
B/\$10,L/\$15, D/\$31, Inc/\$5
Total p/day: \$61

**Employee Signature

Principal Approval

Additional Approval

Date

Date

Date

*Reminder: When attending a conference or workshop that requires a cash advance or reimbursement,
SUHSD EXPENSE LOG, FINAL CLAIM FORM #8400 must be filled out within 10 days after completion of activity.
Prepared by: P. Martinez