Print Form

Coast Unified School District - Conference Pre - Authorization

EMPLOYEE NAME: _____ ATTENDING DATE(S): _____

CLASSIFIED HOURS: _____ CERTIFICATED TIME: ☐ DAY ☐ PERIOD(S)

SITE: District Office

DON'T FORGET

A) You must request a Substitute & report your absence on AESOP

B) A copy of the Conference/Workshop/Meeting program MUST be attached to this request.

Must be submitted to the Principal/Supervisor **15 DAYS PRIOR** to the date of activity. ***Failure to comply may result in denial.***

SUBSTITUTE NEEDS – Please specify

☐ No Substitute

☐ Full Day(s) Substitute # of Day(s) _____

☐ Half Day(s) Substitute # of Day(s) _____

☐ Period Substitute # of Period(s) _____ ***(Period Subs – Teacher fulfills)***

TITLE OF CONFERENCE/FIELD TRIP: _____

SPONSOR: _____ ***LOCATION:*** _____

STATE VALUE/RELATIONSHIP TO EMPLOYEE'S DUTIES: _____

Attendance will result in course credit towards salary advancement? ☐ YES ☐ NO

I am requesting that the following estimated expenses be paid by the District:

REQUIREMENT: *Indicate the dollar amount(s)* ***and*** *specify whether the District Office is to make the arrangements.*

		DISTRICT OFFICE TO MAKE ARRANGEMENTS
Registration	$ _____	☐ Yes ☐ No
Commercial Transportation (Departure Date _____ Return Date _____)	$ _____	☐ Yes ☐ No
Meals (excluding those covered by Conference)	$ _____	☐ Yes ☐ No
Lodging: Name of Motel _____ (Arrival Date: _____ Departure Date: _____)	$ _____	☐ Yes ☐ No
Mileage (Total # of miles _____ @ _____ per mile)	$ _____	
TOTAL ESTIMATED EXPENSES	$ _____	

If you wish to use a District Vehicle, you MUST submit a Transportation Request Form to the Transportation Dept

To be reimbursed by outside agency? Agency Name (Attach Invoice Information) ☐ Yes ☐ No

Employee's Signature _____ *Business Manager's Signature* _____

Supervisor's Signature _____ *Superintendent's Signature* _____

TO BE COMPLETED BY THE SUPERVISOR

LN	FN	RESC	Y	OBJT	GOAL	FUNC	SCH	DISC	DISC2	TOTAL
01										
02										
03										
04										