PRINT

BAKERSFIELD CITY SCHOOL DISTRICT
Education Center, 1300 Baker Street
Bakersfield, CA 93305

REQUEST TO ATTEND

INSTRUCTIONS: ***Request must be typed.*** *Read reverse side prior to completing this form. Request must reach the superintendent's office FOUR WEEKS prior to the meeting date. The superintendent (or designee) will inform you of the disposition of your request.*

Prepared by: _____ **Ext.** _____ **Date Submitted:** _____

Business Meeting/ Conference/ Workshop ◯ **Available by Video/ Web/ Conference Call?** Please select

Name: _____ **Position:** _____

Employee ID Number: _____ **School/Dept.** _____

Event: _____ **Date of Event:** _____

Location: _____ **No. of days away from job:** _____

Purpose/Responsibilities: _____

Number of days you have been away from your job for conferences/workshops this year prior to this request: _____

Method of Travel:	**Airplane** ◯	**Bus** ◯	**Rail** ◯	**District Cost** *(estimated)*
Company: _____		**Daily Rate** _____	**Days** _____	$ 0.00
District Car ◯	**Personal Car** ◯	**Miles** _____	*Round Trip @ (IRS mileage allowance)* 0.725	$ 0.00
Passengers: _____				
Hotel: _____		***Daily Rate (Including Tax)*** _____	**No. of Nights** _____	$ 0.00
No. of Meals:	**Breakfast @ $18.00** _____	**Lunch @ $20.00** _____	**Dinner @ $31.00** _____	$ 0.00
Registration Fee: _____				$ 0.00
Other Expenses, i.e., parking, tolls, cab fare, etc. _____				$ 0.00
Account Code: _____		Single School Plan Action # _____	**SUB TOTAL**	$ 0.00
Substitute Required: Please select	**Number of days** ____	**@** _____		$ 0.00
If "yes" indicate Sub. Account Code: _____			**TOTAL**	$ 0.00

_____	_____	____ Recommended
Principal/Department Head	Date	____ Not Recommended
_____	_____	____ Recommended
Executive Director	Date	____ Not Recommended
_____	_____	____ Recommended
Asst. Superintendent	Date	____ Not Recommended
_____	_____	____ Recommended
Superintendent (or designee)	Date	____ Not Recommended

Limitations/reason not approved _____

Amount Authorized _____ Date Approved _____

Expense account not to exceed the amount authorized without Superintendent's approval.

1 copy - Fiscal Services (white); 1 copy - Educational Services (yellow); 1 copy - person making request (pink); 1 copy - office file (goldenrod)

Revised January 2026