

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) 0.76 \$ 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

Principal/Department Head _____ Date _____ Recommended _____ Not Recommended _____

Executive Director _____ Date _____ Recommended _____ Not Recommended _____

Asst. Superintendent _____ Date _____ Recommended _____ Not Recommended _____

Superintendent (or designee) _____ Date _____ Recommended _____ Not Recommended _____

Limitations/reason not approved _____

Amount Authorized _____ Date Approved _____ Expense account not to exceed the amount authorized without Superintendent's approval.