



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Office of Business Services

(Leave Blank)

Conference Leave: Request Form



Staff member(s): _____

Conference title: _____

(Note: please do not use abbreviations in form)

Date(s): _____ Location: _____

Sponsoring group: _____

Purpose and contribution to Chabot-Las Positas Community College District?

(Please indicate any official position held which requires or makes desirable your attendance)

Estimated total cost of attendance, including transportation: \$ _____

List dates and classes requiring substitutes:

Signature: _____ Date: ____/____/____

Reimbursement for expenses for conference and meeting attendance – see Administrative Rule and Procedure (ARP) 4070.

FOR OFFICE USE

Approval:

Division Dean signature: _____ Date: ____/____/____

Vice Pres. or Vice Chancellor signature: _____ Date: ____/____/____

President / Chancellor signature: _____ Date: ____/____/____

Cost is chargeable to division budget:

Yes : (labor distribution account) _____ - _____ - _____

No Estimated Cost of Attendance (fill in above):

No cost to District

- _____ Registration
- _____ Hotel
- _____ Airfare
- _____ Meals (not provided by event)
- _____ Rental Car or Mileage (LPC to event to LPC only)
- _____ Misc

Maximum total reimbursement allowed:

Actual and necessary expenses

Limited to \$ _____

_____ **TOTAL ESTIMATED COST**

Routing: Original – Business office

Copies: Academic Services
Division office
Staff member(s)

Reference: Article 32E.3 – Faculty Collective Bargaining Agreement