



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT  
Office of Business Services  
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 what 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 Procedure (AP) 7400.**

**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
- No cost to District

**Maximum total reimbursement allowed:**

- Actual and necessary expenses
- Limited to \$

Routing: Original – Business office      Copies: Academic Services  
Division office  
Staff member(s)

Reference: Article 29E.3 – Faculty Collective Bargaining Agreement