



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 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 –

I have read and agree to abide by the [Districts Travel Policy](#).

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

Revised 12-5-2023 Business Services District