

Mt. Diablo Unified School District
AUTHORIZATION FOR ABSENCE
FOR WORK-RELATED BUSINESS

Submit 10 Days Before Date of Absence

Last Name	First	Initial	School Site
Date(s) of Absence	Total Number of Days		OR Total Number of Periods

TYPE OF ABSENCE:

School or District Business/Committee Work (describe fully) _____

Conference Attendance

Full name of conference _____

Date(s) of conference _____

Location of conference _____

Union Business Negotiation Other _____

Substitute Required: Yes No *If approved, teacher arranges for substitute through the substitute calling system.*

Total estimated cost (excluding substitute): _____

Employee Signature	Date	Administrator's Approval	Date
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For the Use of the Administrator for the Budget Code

Substitute approved: Yes No *If approved, teacher arranges for substitute through the substitute calling system.*

Expense codes needed when calling for a substitute: Site Code _____ Program Code _____

Maximum expense authorized (not including substitute): _____

Expenses other than substitute should be charged to budget code: _____

School Plan reference: _____

Conference report required: Yes No

Signature of Administrator Responsible for Substitute Budget Code	Date	Signature of Administrator Responsible for Expense Budget Code (If different from the administrator for the Substitute Budget Code)	Date
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Bill substitute cost to (agency's name and address):

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| White | - Principal |
| Green | - Return to Originator |
| Canary | - Administrator Responsible for Budget Code |
| Pink | - Fiscal Services (after Administrator's approval) |
| Golden | - Retained by Originator |