

Sweetwater Union High School District
REQUEST FOR LEAVE OF ABSENCE
for Conference/Workshop/Meeting/Fieldtrip/IEP

School Site: **CVH**

**Prior Approval Required by
Site Principal**

Name of Employee: _____ Last four of SSN: _____

Name of Event: _____ Location of Event: _____

Day(s) and Date(s) of the Event: From: _____ thru: _____

Substitute needed: _____ if Yes, Sub Job#: _____

Class Coverage: _____ if Yes, Periods: __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8

Employee Signature

Date

Principal Signature

Date

For office use only:

PSEUDO: _____

Resource: Title 1 ___ LCFF ___ Site ___ SPED ED ___ District ___