

LOS ANGELES COMMUNITY COLLEGE DISTRICT

Encumbrance # _____

DIVISION OF HUMAN RESOURCES

Reference # _____

REQUEST FOR CONFERENCE OR ACTIVITY ATTENDANCE

Directions: Submit top two copies to President or Division Head. Attach conference or activity program, announcement or other descriptive document.

1. Name of Employee _____ Empl. No. _____ College or Division _____ - LACCD

Job Title _____

2. Name of Conference or Activity _____

3. Sponsoring Agency _____

4. Conference/Activity Location: City _____ State _____

5. Conference/Activity Schedule: Opening Date _____ Closing Date _____

6. Dates on which employee will be traveling and attending conference or activity (include weekends and holidays):

Beginning Date _____ Ending Date _____

7. Will paid substitute be required Yes _____ No X

8. Purposes and anticipated value to the District which will be derived from attendance:

9. Indicate additional assignments: Title _____ NA _____ Location _____

Will paid substitute be required? Yes _____ No X

10. Estimate amount of expense requested:

Transportation \$ _____ Hotels & Meals \$ _____ Registration Fee \$ _____ Incidentals \$ _____ TOTAL \$ _____

11. Signature of Applicant: _____ Date _____

12. This section to be completed by College President or Division Head:

a. () Refer to Chancellor b. () General Funds c. Amount of Conference expense recommended
() Rejected () Special Funds
Account No. D000- - -586100 \$ _____

President or Division Head

Date

13. This section to be completed by Chancellor or President/Division Head:

() Recommended with expenses recommended in item #12
() Not Recommended

President/Division Head

Date

Enc. Amount _____
Account _____
CFA _____ Date _____

Processing Date _____