

**WINDSOR UNIFIED SCHOOL DISTRICT
RELEASE TIME REQUEST**

Name _____ Site _____

I request permission to be released from classroom duties to attend the following event:

Name of event: _____

Location of event: (facility, city, state) _____

Event dates: From: _____ To: _____

This event will enable me to _____

List all known and estimated costs for event:

Substitute Cost \$ _____ (full day \$102, half day \$68)

Bill To: _____

Originator's Signature _____ Date _____

Administrator's Approval _____ Date _____

District Approval _____ Date _____

Account to be charged _____
account code/categorical program