

**OROVILLE UNION HIGH SCHOOL DISTRICT**  
**School Business Activities Form AND**  
**School Business Substitute Request Form**

Name(s): \_\_\_\_\_ Activity START Date: \_\_\_\_\_  
\_\_\_\_\_ Activity END Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Purpose: \_\_\_\_\_

Goal(s) Addressed: (If Professional Development)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of **Days**: \_\_\_\_\_

Substitute Requested  Roving Substitute for IEP coverage

Name of preferred Substitute (if any) \_\_\_\_\_

Have you spoken with this Substitute and have they agreed to Sub for this School Business?  YES  NO

Professional Development Approval Only-No Substitute needed

Funding Source: \_\_\_\_\_ Cost: \_\_\_\_\_  
(\$252.00 full day/\$133 half day)

**Please note your request will not be approved until you have identified a funding source**

Fund \_\_\_\_\_ Resource: \_\_\_\_\_

Year: \_\_\_\_\_ Object: \_\_\_\_\_

Goal: \_\_\_\_\_ Function: \_\_\_\_\_

Site: \_\_\_\_\_ Manager: \_\_\_\_\_

Cost Center: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Education: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be submitted to the District Office at least one week prior to the activity.**