

**Stockton Unified School District
Emergency Attendance Accounting Training Request**

Date Request Made: _____

Site: _____

When is Training Needed? _____

What kind of training is needed? _____

Why is training needed? _____

_____ Site Administrator's Signature	_____ Date
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Approval of Line Director	
_____ Signature	_____ Date

Approval of Director of Budget and Accounting	
_____ Signature	_____ Date

Date training to be Provided _____	Date Training Completed _____
_____ Signature of Staff person receiving training	_____ Signature of Site Administrator

Date Auditor Performs Review and Evaluation _____
_____ Signature of Auditor