

BOARD OF EDUCATION, DISTRICT 148  
DOLTON, COOK COUNTY, ILLINOIS

APPLICATION FOR PERSONAL LEAVE  
SEND TO THE ASSISTANT SUPERINTENDENTS OFFICE  
(2 Days prior to leave)

NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

POSITION: \_\_\_\_\_

DAY & DATE OF REQUEST: \_\_\_\_\_

Check One

all day

½ day – a.m. (8:20 – 11:30)

½ day – p.m. (noon – 3:15)

If this is an emergency request submitted after the period of absence, explain the nature of the emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

Administrator - Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Not Approved

Superintendent - Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Not Approved

S-10  
Revised 1-2012