

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

**PRESIDENT/ASSOCIATION LEAVE
SEND TO ASSISTANT SUPERINTENDENT OFFICE
(2 Days prior to leave)**

- President Day _____ of 12 days
 Association

NAME: _____

LOCATION: _____

POSITION: _____

DAY & DATE OF REQUEST: _____

Check One

- all day
 ½ day – a.m.
 ½ day – p.m.

Reason for request

Employee Signature: _____

Date: _____

DEA/DSA Initial: _____ Date: _____

Administrator Initial: _____ Date: _____

- Approved
 Not Approved

Superintendent Initial: _____ Date: _____

- Approved
 Not Approved

S-10A
Revised 9/10