



TAZEWELL-MASON COUNTIES SPECIAL EDUCATION ASSOCIATION

Administrative Office
300 Cedar St., Pekin, IL 61554

Application for Personal Leave

I hereby apply for _____ day(s) of personal leave to be taken on _____/_____/_____
Month Day Year

Signature of Employee Date

Application for Vacation Leave

I hereby apply for _____ day(s) of vacation leave to be taken from _____/_____/_____
Month Day Year
until _____/_____/_____
Month Day Year

Signature of Employee Date

Approved Disapproved _____
Coordinator Date

Approved Disapproved _____
Director Date

Please submit this form to your building principal/lead teacher and coordinator for approval. The request must be received by the Director at least two days prior to the day the personal leave is to be utilized unless it is an emergency. In the case of parental leave, 60 days notice must be given, except in the case of an emergency. Where appropriate, a physician's statement must accompany this request. A copy of the approved or disapproved request will be sent to the employee, program coordinator, and personnel file.