

**MECOSTA-OSCEOLA INTERMEDIATE SCHOOL DISTRICT**

**15760 190<sup>th</sup> Avenue, Big Rapids, Michigan 49307**

**Phone: (231) 796-3543**

**Fax: (231) 796-3300**

**SPECIAL REQUEST FOR LEAVE WITHOUT PAY AND PERSONAL LEAVE  
DURING EXCLUDED TIMES**

This form is to be used by all MOISD employees. It must be completed, signed, dated and in the office at least two (2) working days prior to the actual leave date.

Personal leave may not be used on the day before or after any holiday; or on the day before or after any vacation day; or on any day during the last two weeks of school (with the exception of attendance by the employee at a school-sponsored activity for the employee's child who is a graduating high school senior); or on any day not scheduled as a full day of student attendance. *In cases of emergency, the Superintendent may approve exceptions to the above or grant leave without pay.*

**DATE(S) OF ABSENCE:** \_\_\_\_\_

**Total Number of Days Absent:** \_\_\_\_\_

**Department/Classroom/Program:** \_\_\_\_\_

*Employee is still responsible for entering the absence in the attendance system.*

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**TYPE OF LEAVE:**  **Personal Leave**  **Leave Without Pay** (Employee responsible for daily cost of benefits.)

**Explanation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PLEASE NOTE:** Approval of this request does not set a precedent.

_____ Employee's Signature/Date
_____ Employee Name – PLEASE PRINT

_____ Direct Supervisor's Signature/Date
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_____ Superintendent/Designee Signature/Date
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Copies to: Employee, Supervisor and Business Office
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