

MECOSTA-OSCEOLA INTERMEDIATE SCHOOL DISTRICT

15760 190th Avenue, Big Rapids, Michigan 49307

Phone: (231) 796-3543

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**SPECIAL REQUEST FOR LEAVE WITHOUT PAY, PERSONAL LEAVE
DURING EXCLUDED TIMES, AND ADDITIONAL & NON-LISTED BEREAVEMENT LEAVE.**

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, on the day before or after any vacation day, 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.*

Additional Bereavement Leave: In extenuating circumstances, the Superintendent may approve additional bereavement leave, which will be charged against the employee's accumulated sick leave.

Non-Listed Family Member Bereavement Leave: After consulting with the superintendent, a paid bereavement leave day will be granted for the death of a person not listed above. Paid bereavement leave for a non-listed family member will be limited to one (1) per school year.

DATE(S) OF ABSENCE: _____

Total Number of Days Absent: _____

Department/Classroom/Program: _____

**The employee is responsible for entering the absence in the attendance system.*

TYPE OF LEAVE: ☐ **Leave Without Pay** ☐ **Personal Leave**

(Employee responsible for daily cost of benefits.)

☐ **Additional Bereavement Leave**

☐ **Bereavement for a Non-listed Family Member**

Explanation: _____

PLEASE NOTE: Approval of this request does not set a precedent. An absence will be approved in the attendance system after the direct supervisor and the superintendent have approved it.

Employee Name – PLEASE PRINT

Employee's Signature/Date

Superintendent Signature/Date

Direct Supervisor's Signature/Date

cc: Employee, Supervisor
and Payroll(LWOP).

Updated 9/26/2024 PN