



## MT. PLEASANT PUBLIC SCHOOLS

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**Superintendent**  
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**Assistant Superintendent**  
Linda Boyd  
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**Chief Financial Officer**  
Ginger Faber  
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### LEAVE OF ABSENCE REQUEST

EMPLOYEE NAME:

DATE OF REQUEST:

EMPLOYEE GROUP:

DATE OF LEAVE REQUEST TO BEGIN:

ESTIMATED RETURN DATE: REASON

FOR LEAVE:

DESCRIPTION OF LEAVE:

I understand that this leave request is unpaid and that all employee benefits will be terminated effective day one of the leave requested. Terminated benefits include medical, vision, dental insurance and any elected supplemental plans. I am aware of the terms and policies applied to this leave of absence and my obligations under such policies to state my return intentions no later than March 31 of the school year in which this leave has been granted.

***Signature:***

#### OFFICE USE ONLY

LEAVE TIME MAX:

INSURANCE TERMINATION DATE:

BENEFIT TIME APPLIED TO LEAVE:

ENDING PAY STEP:

RETURN PAY STEP TO BE APPLIED:

BUILDING ADMINISTRATOR APPROVAL:

ASSISTANT SUPERINTENDENT APPROVAL:

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*Mt. Pleasant Public Schools, together with our community, inspires each student through exceptional educational opportunities to become an engaged citizen in a diverse, changing world.*