

BUCYRUS CITY SCHOOL DISTRICT

Application for Leave of Absence

Date 1/5/2024

Name Erika Warnke

Employee ID # WARN.00015

Building or Department BES

I hereby request a leave of absence without pay beginning Monday, March 25, 2024
and ending Monday, March 25, 2024 for the reason checked below:

☐ Illness / Disability *

☐ Professional Educational Study *

☐ Maternity *

☒ Personal Reasons *

☐ Paternity / Adoption *

☐ Other (please specify)

The applicant is advised to examine and comply with applicable provision(s) of the
Negotiated Agreement before submitting such application.

Erika Warnke
Applicant's Signature

[Signature]
Building Principal

[Signature]
Superintendent
(per Board of Education resolution)

☐ Approved
☐ Disapproved

cc: Payroll Department
Personnel File