

BUCYRUS CITY SCHOOL DISTRICT
APPLICATION FOR LEAVE OF ABSENCE

Date November 7, 2024

Name Jenay Bailey Employee I.D. # _____

School or Department BES, 2nd Grade

I hereby request a leave of absence without pay beginning 4/17/2025 (1 day)

and ending 4/18/2025 for the reason checked below:

_____ Illness/Disability* _____ Professional/Educational Study*

_____ Maternity* _____ Personal Reasons*

_____ Paternity/Adoption* X Other (please specify)

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

*Without pay (insurance continues by submitting premium to treasurer).

Applicant's Signature

Superintendent
(per Board of Education resolution)

_____ Approved

_____ Disapproved

cc. Payroll Department
Personnel file