

**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\*                       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