

**BUCYRUS CITY SCHOOL DISTRICT**

**Application for Leave of Absence**

Date 1-29-25

Name James Cotsumire Employee ID # \_\_\_\_\_

Building or Department Bus Driver

I hereby request a leave of absence without pay beginning April 1, 2025  
and ending April 2, 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.

  
Applicant's Signature

\_\_\_\_\_  
Building Principal

  
Superintendent  
(per Board of Education resolution)

\_\_\_\_\_ Approved  
\_\_\_\_\_ Disapproved

cc: Payroll Department  
Personnel File