

**BUCYRUS CITY SCHOOL DISTRICT
APPLICATION FOR LEAVE OF ABSENCE**


Date 2/10/25
Name Jennifer Thayer Employee I.D. # Thayer00005
School or Department BSS

I hereby request a leave of absence without pay beginning May 8th 2026
and ending May 19th 2026 for the reason checked below:

☐ Illness/Disability* ☐ Professional/Educational Study*
☐ Maternity* ☒ Personal Reasons* (wedding/honeymoon)
☐ 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