

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

Date 2/10/25
 Name Nicholas Kohler Employee I.D. # _____
 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:

<input type="checkbox"/> Illness/Disability*	<input type="checkbox"/> Professional/Educational Study*
<input type="checkbox"/> Maternity*	<input checked="" type="checkbox"/> Personal Reasons* <u>(wedding/honeymoon)</u>
<input type="checkbox"/> Paternity/Adoption*	<input type="checkbox"/> 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).

Nich Kohler
 Applicant's Signature

 Superintendent
 (per Board of Education resolution)

☐ Approved
☐ Disapproved

cc. Payroll Department
 Personnel file