

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

Date 3-31-26

Name Jenay Bailey

Employee I.D. # PFEI00020

School or Department Bucyrus Elementary School

I hereby request a leave of absence without pay beginning Aug. 12, 2026

and ending May 27, 2027 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).

Jenay Bailey
Applicant's Signature

Superintendent
(per Board of Education resolution)

☐ Approved

☐ Disapproved

cc. Payroll Department
Personnel file