

Brandi Riddlebaugh

737 N Columbus St

Galion, OH 44833

8/5/2026

Andrea Cinadr

Health Commissioner

Galion City Health Department

113 Harding Way East

Galion, OH 44833

Dear Andrea Cinadr,

Please accept this as my official resignation. I have enjoyed my time with the Galion City Health Department and appreciate the experience I have gained serving the public in a variety of ways. Thank you for the opportunity to be a part of the Galion City Health Department. My last day will be September 2, 2026.

Sincerely,

A handwritten signature in black ink that reads "Brandi Riddlebaugh". The signature is written in a cursive, flowing style.

Brandi Riddlebaugh

GALION CITY HEALTH DEPARTMENT REQUEST FOR LEAVE APPLICATION

Name: Riddlebaugh Brandi

Last First Middle Initial

Department: Health

I request leave beginning: 8:00 ☒ A.M. ☐ P.M. August 24, 2026

and ending 5:00 ☐ A.M. ☒ P.M. September 2, 2026, for the following reason:

Enter number of hours for each type of leave being utilized:

_____ Medical, Dental, or Optical Examination or Treatment

_____ Personal Illness (Nature of Illness) _____

_____ Personal Injury (Nature of Injury) _____

____ Serious Illness or Injury in Immediate Family _____

Death of _____ on _____
(Name) (Relationship)

34 Vacation

____ Family or Medical Leave

____ Leave of Absence

____ Court: ☐ Court Duty ☐ Jury Duty

Subpoena Issued by _____ Court on _____, 20____

____ Military Duty

 Leave Without Pay _____

34 Comp Time Date Earned: _____

____ Personal Leave

68 Total Hours Used Erin M. Kiddlebaugh
Signature of Employee

☒ Approved ☐ Disapproved Supervisor: Andrea Cinadr Date: 8/5/2026

Remarks: _____