

# Stark County Educational Service Center

6057 Strip Ave., NW • North Canton, OH 44720

## — Vacation Leave Request Form —

(Please print)

Employee Name \_\_\_\_\_

Date Submitted \_\_\_\_\_

Department \_\_\_\_\_

Position/Assignment \_\_\_\_\_

In accordance with the Governing Board of the Stark County Educational Service Center policy GDBE.

**Totals for the \_\_\_\_\_ Contract Year**

Vacation days earned: \_\_\_\_\_

Day(s) used to date: \_\_\_\_\_

Balance available: \_\_\_\_\_

I am requesting \_\_\_\_\_ vacation day(s) from balance available as follows:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed \_\_\_\_\_

Employee



Approved

Not Approved

Signed \_\_\_\_\_

Director

Date \_\_\_\_\_

Approved

Not Approved

Signed \_\_\_\_\_

Supt./Assist. Supt.

Date \_\_\_\_\_