



420 Washington Ave.
Cuyahoga Falls, Ohio 44221
Ph: 330-945-5600 Fax: 330-945-6222

EXTENDED VACATION REQUEST

(Use for requesting 3 or more consecutive days)

COMPENSATORY LEAVE

(For 260-day employees only)

USE OF VACATION TIME: *The superintendent reserves the right to approve any use of vacation for 3 or more days. Approval is required.*

USE OF COMPENSATORY TIME: *Compensatory time is granted on an annual basis. The number of days granted is dependent on the number of work days within the fiscal year. Compensatory time is not guaranteed from year-to-year.*

Name: _____ Department: _____

Date(s) of Requested Leave: _____

Employee Signature

Supervisor Signature

Treasurer's Signature

Superintendent's Signature

This form must be completed at least two weeks prior to requested dates