

GEAUGA COUNTY

2026 SICK AND VACATION REPORT

Page ____ of ____

Please supply the following information for each employee in your department and check the second column if the employee is eligible to retire in the current year. Please use totals after Pay Period Ending 01/02/27 (Pay #01 of 2027)

Department: _____

Fund: _____

EMPLOYEE NAME	Eligible to retire in 2027	Sick Hours Paid in 2026	Hours Available to be used as of December 31st			Current Hourly Wage	For Auditor's Use Only
			SICK	VACATION	COMP		
TOTALS							

Completed By: _____

Return to Auditor's Office by January 31st.

Reset Form

Print Form