GEAUGA COUNTY
2026 TERMINATED EMPLOYEES
SICK LEAVE BALANCE

Please list all employees who have left your department at some time during the past year, whether they left on their own, were fired, or retired and the amount of sick time available on date of termination and the amount of sick time paid out upon retirement.

Department: _____

TERMINATED EMPLOYEE'S NAME	Reason of termination (fired, left, or retired)	Sick Hours balance at date of termination	Sick Hours paid out at date of retirement

Completed by:_____

Return to the Auditor's Office by January 31st

Reset Form

Print Form