GEAUGA COUNTY
VACATION REPORT

Please supply the following information for each employee in your department if they used any vacation time during the month of January 2027. Please use records as of Pay Period Ending 2/13/27 (Pay Date #4 2/19/27).

Department: _____ Fund: _____

EMPLOYEE NAME	VACATION hours used in January 2027	Present Hourly Wage	For Auditor's Use Only
TOTAL			

Completed By: _____

Return to Auditor's Office by February 28th.

Reset Form

Print Form