

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 2024. Please use records as of Pay Period Ending 2/3/24 (Pay #3).

Department: _____

Fund: _____

EMPLOYEE NAME	VACATION hours used in January 2024	Present Hourly Wage	For Auditor's Use Only
TOTAL			

Completed By: _____

Return to Auditor's Office by February 16th.