

East Holmes Local School District
6108 County Road 77
Millersburg, Ohio 44654
P: 330-893-2610 F: 330-893-2838
Email: payroll@eastholmes.org



VACATION PAYMENT OPTION FORM

Must be submitted no later than June 1st of each year

If vacation leave cannot be used, due to unforeseen circumstances, the employee may opt for payment of up to one-half (1/2) of their annual vacation leave accumulation and/or carry-over up to five (5) days of unused vacation leave into the next fiscal year (EHLS Board Policy #1433 and #4234).

Employee's Name: _____

Employee's Position and Building: _____

Requested Number of Days for Payment: _____
(1/2 of annual vacation leave accumulation less carryover)

Requested Number of Days to be Carried Over: _____
(5 days maximum)

Employee's Signature Date

Supervisor's Approval/Signature Date

Treasurer's Approval/Signature Date

For Treasurer's Office Use Only:

Annual Vacation Accumulation: _____

Annual Accumulation divided by 1/2: _____

Requested Days for Payment: _____

Requested Carryover Days: _____

Vacation Balance: _____