



CUYAHOGA HEIGHTS BOARD OF EDUCATION

VACATION / COMPENSATORY TIME REQUEST

This form is to be completed if you request to carry-over vacation days to the next fiscal year, be paid for vacation time, be paid for compensatory time or change a previous request.

NAME: _____ Date of Request _____

I hereby request to carry-over _____ days of vacation to the next contract year.
(This only applies to contracted employees who are eligible. Five days is the maximum allowable, unless personal contract stipulates a different amount)

I hereby request to be paid for _____ days of vacation for the current contract year.
(This only applies to contracted employees who are eligible. Ten days is the maximum allowable, unless personal contract stipulates a different amount - as approved 6/9/21)

I hereby request to be paid for _____ hours compensatory time which will not be used in the current contract year
(This only applies to contracted employees who are eligible - note that comp time **MUST** be approved **IN ADVANCE** by an administrator using the online comp time approval form on the Google shared drive).

I wish to change my previously vacation / compensatory time request as follows:
(Include a copy of your previous vacation / compensatory time request form for reference.)
Please describe the requested change below:

Employee's Signature _____ DATE: _____

Supervisor's Signature _____ DATE: _____

Superintendent's Signature _____ DATE: _____

Note: This request form should be received by the Treasurer's office, with the Superintendent's approval, at least one week prior to the requested pay date