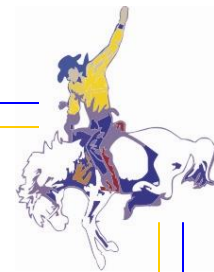


St. Marys City Schools



In accordance with Board Policy 6530 - PAYMENT OF ACCRUED, UNUSED VACATION LEAVE, I hereby request _____ days of vacation paid at my current daily rate in lieu of time off.

Employee's Printed Name

Employee's Signature

Date

Approved: _____

Disapproved: _____

Date: _____

Supervisor's Signature

Superintendent
Bill Ruane
419-394-4312

Treasurer
Andrew Wilker
419-394-4312

Director of Special
Education/Student Services
Cary Roehm
419-300-1458

Board of Education
Chris Falk, President
Ron Wilker, Vice President
Karl Dammeyer
Brian Little
Ronda Shelby