



Compensatory Time **OR** Vacation Time
"CASH-IN" REQUEST
CITY OF GALION EMPLOYEES

Employee Name: Andrea Barnes

Department/Division: Health Department

Date of Request: 11/17/2023

Number of Hours: 32 vacation

Reason for Request: GCHD has been very short-staffed for the past few months
and I have had a difficult time taking vacation to remain under the carry-over allowed.

Requested by: *Andrea Barnes*
(Employee Signature)

Approved: *Andrea Barnes*
(Department Head)

Approved: *Shellee B...*
(Board of Health)

Approved: _____
(City Auditor)