



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

Employee Name: Andrea Barnes

Department/Division: Health Department

Date of Request: 11/12/2024

Number of Hours: 30

Reason for Request: I am trying to balance work and vacation, plus provide

coverage when other employees are off. I have 48 hours currently scheduled off

in January 2025 to help reduce my banked hours.

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Requested by: Andrea Barnes  
(Employee Signature)

Approved: Andrea Barnes  
(Department Head)

Approved: \_\_\_\_\_  
(Board of Health)

Approved: \_\_\_\_\_  
(City Auditor)