

# Columbiana County Educational Service Center

38720 Saltwell Road ☆ Lisbon, Ohio 44422  
office (330) 424-9591 ☆ fax (330) 424-9481

## Request for Personal/Vacation/Sick Leave

Name \_\_\_\_\_

Date(s) Requesting \_\_\_\_\_

\_\_\_\_\_

Total Number of Days \_\_\_\_\_

Purpose of Request  
(please check one)

Personal

Vacation

Sick Leave

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Approval Granted

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Approval NOT Granted

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

Reason for NOT Approving Request

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_