

**VACATION ACCRUAL VERIFICATION REPORT
NORTHWESTERN UNIVERSITY - EXEMPT STAFF
FOR FISCAL YEAR ENDED AUGUST 31, 2008**

Name: _____

Employee ID# _____

Department Name: _____

Years of Service: _____

Vacation balance as of August 31, 2007 _____ days

Vacation earned in 2007 - 2008 (Sep 1 - Aug 31) _____ days

Vacation used in 2007 - 2008 (Sep 1 - Aug 31) _____ days

**Vacation balance as of 08/31/08 (earned, but unused
to a limit of 1.5 times the number of days you earned in a year.) _____ days**

Number of paid sick days used in 2007 - 2008 (Sep 1- Aug 31) _____ days

Number of sick family days used in 2007 - 2008 (Sep 1- Aug 31) _____ days

Number of personal floating holidays used in 2007 - 2008 (Sep 1- Aug 31) _____ days

I certify that the information shown above is correct.

Date

Employee Signature

Date

Supervisor Signature

NOTE: Both signatures are required.

**RETURN FORM CAMPUS MAIL TO: Payroll Office
720 University Place
Evanston Campus**

OR BY FAX TO: 847/467-2288

	DATE TAKEN OFF: Must be between September 1, 2007 – August 31, 2008	TYPE OF LEAVE: Sick (S), Vacation (V), or Personal Floating Holiday (PFH)	AMOUNT OF DAY TAKEN OFF: Full Day (1) or Half Day (1/2)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			