

**VACATION ACCRUAL VERIFICATION REPORT
NORTHWESTERN UNIVERSITY - EXEMPT STAFF
FOR FISCAL YEAR ENDED AUGUST 31, 2009**

Name: _____

Employee ID# _____

Department Name: _____

Years of Service: _____

Vacation balance as of August 31, 2008 _____ days

Vacation earned in 2008 - 2009 (Sep 1 - Aug 31) _____ days

Vacation used in 2008 - 2009 (Sep 1 - Aug 31) _____ days

**Vacation balance as of 08/31/09 _____ days
(earned but unused, to a limit of 1.5 times the number of days you earn in a year)**

Number of paid sick days used in 2008 - 2009 (Sep 1- Aug 31) _____ days

Number of sick family days used in 2008 - 2009 (Sep 1- Aug 31) _____ days

Number of personal floating holidays used in 2008 - 2009 (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, 2008 – August 31, 2009 | 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) |
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