

**VACATION ACCRUAL VERIFICATION REPORT
NORTHWESTERN UNIVERSITY - EXEMPT STAFF
FOR FISCAL YEAR ENDED AUGUST 31, 2007**

Name: _____

Employee ID# _____

Department Name: _____

Years of Service: _____

Vacation balance as of August 31, 2006 _____ days

Vacation earned in 2006 - 2007 (Sep 1 - Aug 31) _____ days

Vacation used in 2006 - 2007 (Sep 1 - Aug 31) _____ days

**Vacation balance as of 08/31/07 (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 2006-2007 (Sep 1- Aug 31) _____ days

Number of sick family days used in 2006-2007 (Sep 1- Aug 31) _____ days

Number of personal floating holidays used in 2006-2007 (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: Human Resources - HRIS
1800 Sherman Ave. Suite 600
Evanston Campus**

OR BY FAX TO: 847/491-3887

	DATE TAKEN OFF: Must be between September 1, 2006 – August 31, 2007	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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