



# Oakwood University Vacation/Leave Request Form



Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Number: \_\_\_\_\_

*PLEASE SELECT YOUR VACATION/LEAVE PREFERENCES AS FOLLOWS:*

Vacation

Personal Leave   
*Max 4 hours per month with no carry over*

1<sup>st</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

Total Vacation Hours Requested: \_\_\_\_\_

Total Personal Leave Hours Requested: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: Employees are allowed to carryover a maximum of 10 days (76 or 80 hours) of vacation at the end of the fiscal year, June 30.**

\*\*\*\*\*  
**EMPLOYEE SERVICES**

The above-named employee has a balance of \_\_\_\_\_ vacation hours as of today.

\_\_\_\_\_  
Employee Services' Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
**SUPERVISOR'S APPROVAL/DENIAL**

Approved for \_\_\_\_\_ Choice

Denied (See Comments)

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

\*\*\*\*\*  
**Division Administrator (where applicable)**

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date