CASE WESTERN RESERVE UNIVERSITY EST. 1826

ADDITIONAL VACATION DAY PURCHASE REQUEST

Personal Information

Full Name: _____
Last *First* *M.I.*

E-mail Address: _____

Job Information

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ Fax Number: _____

Work Phone: **( )** _____

Start Date: _____ Salary: **$** _____

Additional Vacation Day Purchase Request Information

VACATION PURCHASE-
How many days **: _____

Print Name	**Sign Name**	**Date**
Supervisor's Name	**Supervisor's Signature**	**Date**

****The amount deducted will be based on the employee's salary as of the end of May in the year of the purchase.**

Completed forms must be faxed to 368-4678 or delivered to Room 304 Crawford, LC: 7047, Attention: Human Resources Information Systems Department by the last working day in May. Receipt of the form will be confirmed via e-mail.