

**OHIO WESLEYAN UNIVERSITY  
ADMINISTRATORS, ADMINISTRATIVE ASSISTANTS,  
AND SALARIED SUPPORT STAFF VACATION  
APPROVAL REQUEST**

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

Job Title: \_\_\_\_\_

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

Vacation From: \_\_\_\_\_  
(month) (day) (year)

Through: \_\_\_\_\_  
(month) (day) (year)

Total Days This Vacation: \_\_\_\_\_

Approved: \_\_\_\_\_  
(Supervisor) (Date)

\_\_\_\_\_  
(Department Head/University Officer) (Date)

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Days Available: \_\_\_\_\_

Days this vacation: \_\_\_\_\_

Days remaining: \_\_\_\_\_

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Comments:

Copy to: Human Resources