Vacation Request Form Non-academic Staff

Note: Please submit vacation applications early so there is enough time for the approval process prior to starting your vacation! Please call Tel. 5295 if you have any questions!

Family name, Given Name _____ Department: _____

I request:

For the dates From _____ To _____
From _____ To _____
From _____ To _____

	Standard Holiday / Vacation
	Educational leave
	Exemption from work / special leave *

* Please justify and, if possible, enclose proof!

_____

_____ _____
Date Signature

Statement from the immediate supervisor (cross out where not applicable)
- Vacation personnel replacement is ensured / not required
- If there are conflicting official interests, please detail in writing on the back of the application and submit immediately via the Dean/Dept. manager to the human resources department.

_____ _____
Date Signature

Dean / Department Manager
Notified:

_____ _____
Date Signature

Paderborn University
The Vice-President for Operations
- 4.3 -

Processing Notes (Vacation Calculations):
See Below

Return to applicant

___ Faculty KW. ___ Faculty WW. ___ Faculty NW ___ Faculty MB. ___ Faculty EIM
___ Administration ___ University Library Other_____
___HNI ___ PC 2 ___ IMT / IMT – M

The application: is / is not - approved: _____

Attention: Only instructions for completion!

Please provide the following evidence: _____

Processing Notes:	Work Days	1. The application can – cannot – be approved
Entitlement to vacation for the current year	_____	
Remaining vacation from the previous year	_____	2. Entered in vacation register
Available vacation prior to application	_____	_____ Signature
(Less) – Days requested	_____	
Day remaining:	_____	Remaining vacation days from the previous year