

**COLLEGE ASSOCIATION, INC
CANTON, NEW YORK**

772

**BI-WEEKLY SALARY VOUCHER
Professional Service**

Name _____

Title _____ Department _____

Bi-Weekly Payroll Period Ending Date (Sat) _____

REPORT OF ABSENCES (include Holidays)											
DAY	Mon	Tues	Wed	Thu	Fri	Mon	Tues	Wed	Thu	Fri	TOTAL
HOURS ABSENT											
** CHARGE TO											

** Report all absences under one of the following categories:

- VL = Vacation Leave
- SL = Sick Leave
- Hol = Legal Holiday
- HCT = Holiday Work Accruals

- Jury = Jury Duty
- LWOP = Leave-Without-Pay
- WC = Workmen's Compensation
- Other (specify) _____

HOLIDAY TIME WORKED must be reported below to receive compensatory leave credits:

Holiday Worked _____ Date _____ No. Hours _____

NOTE: Signed and approved salary voucher must reach the College Association Office prior to the close of the following pay period to assure release of paycheck for the period.

Signed _____

Approved _____