** BI-WEEKLY SALARY VOUCHER **
Professional Service

Name __________________________________________

Title __________________________________________ Department _________________

Bi-Weekly Payroll Period Ending Date (Sat) ________________________________

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** 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 __________________________

