



Illinois Valley Community College Biweekly Leave Time Taken

Employee Name:

Employee ID:

Today's Date:

Pay Period Start Date: End Date:

**MUST BE TURNED IN TO
PAYROLL BY 10:00 AM
ON MONDAY,**

Leave Type	Start Date	End Date	Hours
Total			

* Other Unpaid Hours can not be used unless all other paid time (Vacation, Sick, and Personal) is exhausted.

**Explanation,
if needed:**

Employee Signature: _____ **Date:** _____

Supervisor Approval: I have verified the hours taken by the employee correspond to this Leave Time Taken form data. I certify that this employee has not submitted any of these hours on a previous Leave Time Taken form.

Supervisor Signature: _____ **Date:** _____