



**XAVIER UNIVERSITY OF LOUISIANA  
KRONOS LEAVE REQUEST FORM  
EXEMPT, NON EXEMPT, LIBRARY FACULTY**

*NAME OF EMPLOYEE* \_\_\_\_\_

*TIMEKEEPER* \_\_\_\_\_

<i>DATE OF ABSENCE</i>	<i>NUMBER OF HOURS</i>
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____

*REASON FOR ABSENCE*  
\_\_\_\_\_*Vacation*    \_\_\_\_\_*Sick*    \_\_\_\_\_*Bereavement*    \_\_\_\_\_*Court*    \_\_\_\_\_*Military*  
\_\_\_\_\_*\*Unpaid*

*SIGNATURE OF EMPLOYEE* \_\_\_\_\_ *DATE* \_\_\_\_\_

*MANAGER APPROVAL* \_\_\_\_\_ *DATE* \_\_\_\_\_

- \* An employee on sick leave for three or more days should provide to the supervisor a verification of illness from a physician.
- \* An employee on sick leave for five or more days should request Family and Medical Leave. Information may be obtained from the Human Resources Benefits Department.
- \* If an employee does not have sick or vacation leave available, the employee can request unpaid leave .
- \* Note: This form is for internal use only. A copy is not required to be submitted to the Human Resources Department.