XAVIER UNIVERSITY OF LOUISIANA

KRONOS LEAVE REQUEST FORM

EXEMPT, NON EXEMPT, LIBRARY FACULTY

NAME OF EMPLOYEE _____ **SS# or XU ID:** _____

TIMEKEEPER: _____ **Dept.** _____ **Ext** _____

_____ _____

DATE ABSENCE(S) ENTERED IN KRONOS **SIGNATURE**

NOTE: DATE(S) OF ABSENCE MUST BE ENTERED INTO KRONOS BY TIMEKEEPER OR APPROVER. THIS FORM IS FOR INTERNAL DEPARTMENTAL DOCUMENTATION ONLY. A COPY IS NOT REQUIRED TO BE SUBMITTED TO THE HUMAN RESOURCES DEPT.

DATE OF ABSENCE(S)	NUMBER OF HOURS/REASON FOR ABSENCE(S)
1. _____	_____/_____
2. _____	_____/_____
3. _____	_____/_____
4. _____	_____/_____
5._____	_____/_____

REASON FOR ABSENCE

_____VACATION _____SICK _____BEREAVEMENT _____JURY DUTY _____ MILITARY _____*UNPAID

SIGNATURE OF EMPLOYEE_____ **DATE**_____

MANAGER APPROVAL_____ **DATE**_____

- **An employee on sick leave for three or more days must provide to the supervisor a verification of illness from a physician.**
- **An employee on sick leave for five or more days must 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.**