



XAVIER

UNIVERSITY of LOUISIANA

WEB TIME ENTRY (WTE) LEAVE REQUEST FORM

EXEMPT, NON EXEMPT, LIBRARY FACULTY

NAME OF EMPLOYEE: _____ SS# or XULA ID#: _____

TIMEKEEPER _____ DEPARTMENT: _____ EXT: _____

DATE IF ABSENCE(S) ENTERED IN WTE

SIGNATURE

NOTE:

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

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 Medical Leave. Information may be obtained from the Office of Human Resources.
- If an employee does not have sick or vacation leave available, the employee can request unpaid leave.