UNIVERSITY of MARYLAND MEDICAL SYSTEM

Kronos Exception Form

Department of Human Resources

This form is used by employees and given to their manager and/or timekeeper for exceptions and leave requests.

Section 1 – Employee Information

Name:	Employee ID:
Job Title:	Exception Date(s):

Section 2 – Time Record

Reason for Exception:

❑ Absent from work (designate pay method below)
❑ Missed Swipe/Time Stamp: ❑ Kronos technology not functioning ❑ Forgot ID badge ❑ Lost ID badge
❑ Attended Offsite Meeting: (Name/Location): _____
❑ Arrival: _____ (time) ❑ Departure: _____ (time)

Required for non-exempt employees only: *Did you receive your full meal break today?* ❑ Yes ❑ No

If no meal break, reason: _____

❑ Leave Request: Beginning _____ / _____ / _____ Through _____ / _____ / _____ (designate pay method below)

❑ Sick & Safe Leave (SSL)*

SSL Balance: _____ *Balances can be accessed via HRConnections.*

SSL Hours Requested: _____ **IMPORTANT: Must use available SSL balance before using regular Sick leave (below).*

*Check all boxes that apply to reason for SSL absences:

Reason: ❑ Sick ❑ Well visit ❑ Domestic Violence **For:** ❑ Self ❑ Spouse ❑ Child ❑ Parent ❑ Sibling ❑ Grandparent ❑ Grandchild

(Refer to HR Policy Maryland Sick and Safe Leave for additional family members)

***IMPORTANT:** If the reason for leave is due to SSL reasons and SSL is not available, the employee may use available Holiday, Personal, or Vacation leave, or Sick leave, if applicable, by making designation below. Also, employees who take SSL for more than two consecutively scheduled shifts or workdays may be required to provide reasonable verification of the need for leave.*

❑ Sick Leave** - May only use regular Sick leave once all SSL (see above) is exhausted.

Per HR Sick Leave Policy – Sick leave may only be used for an illness or injury of the employee or the employees' immediate family member (Parent, Spouse, or Child).

Reason: ❑ Illness ❑ Injury **For:** ❑ Self ❑ Spouse ❑ Child ❑ Parent

****IMPORTANT:** *You may not use regular sick time, if you do not have SSL hours available, for Well Visits, Paternity Leave, Care of a Sibling, or Domestic Violence reason not related to an Illness or Injury, etc.*

Other Leave:

❑ Holiday _____
❑ Personal _____
❑ Vacation _____
❑ Jury Duty _____ *Must attach proof of attendance*
❑ Bereavement _____ Relation: _____
❑ Unpaid _____ *May only select Unpaid when no other leave balance is available*

Section 3 – Employee Signature

Employee Signature: _____ Date: _____

Section 4 – Timekeeper/Manager Signature

Timekeeper/Manager Signature: _____ Date: _____

Timekeeper Notes: