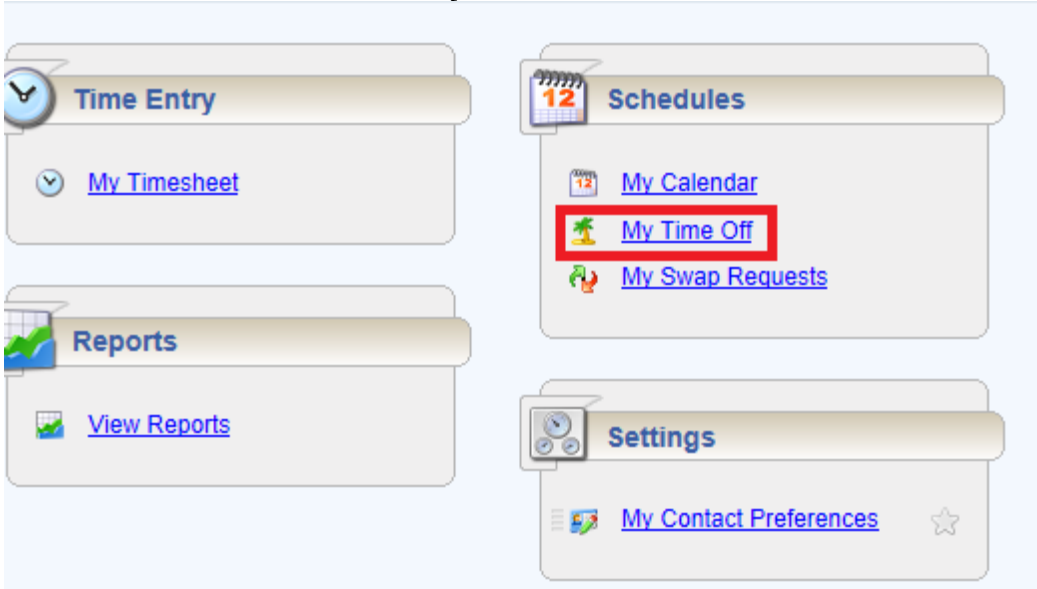
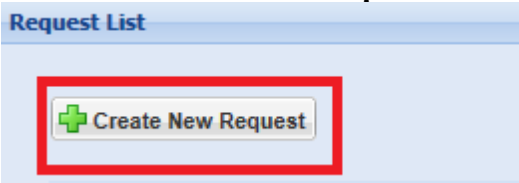
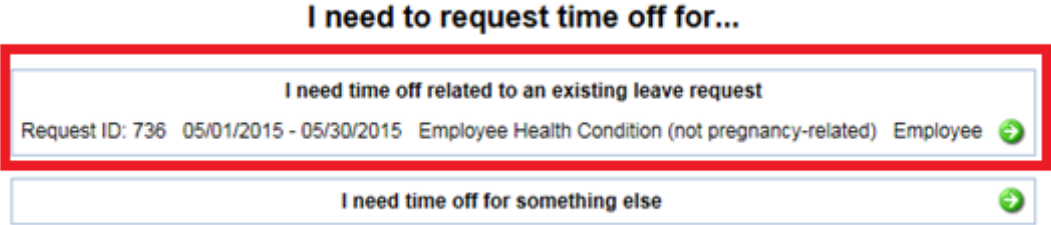


Job Aid 13: Time Off Request with Intermittent FMLA

1.	Once approved for Intermittent FMLA, you must submit a Time Off Request in eSTAR. This Time Off Request will be sent to your Manager for approval.
2.	<p>From the home screen, select Schedules → My Time Off.</p> 
3.	<p>The Request List window appears. Select Create New Request.</p> 
4.	<p>If you have an approved FMLA case the box below will appear. Select I need time off related to an existing leave request.</p> 

5. Choose the type of time off from the **Pay Code** drop-down list.

Create Time Off Request

Pay Code: **ALT Annual Leave Taken** ▼

Dates:

Comments:

- ALT Annual Leave Taken
- CIF Compassionate Immediate Family
- CNI Compassionate Not Immediate
- CTT Comp Time Taken
- FHD Floating Holiday
- FMLAC FMLA Comp Time Taken**
- FMLAF FMLA Floating Holiday**
- FMLAS FMLA Sick Leave Paid**
- FMLAU FMLA Leave - Unpaid**
- FMLAV FMLA Vac Leave Paid**
- JDA Jury Duty Attendance
- LVBON Bone Marrow Donor Leave
- LVDSV Disaster Service Volunteer
- LVMEEX Leave for competing in Exams
- LVORG Organ Donor Leave
- Sick Leave (045291 - 0452910)

150

6. Enter the day on which you want to begin your time off in the **Start Date** field, or click the calendar icon to display a calendar from which you can choose the date. Ensure that the **Start Date** and **End Date** are correct.

Create Time Off Request

Pay Code: FMLAS FMLA Sick Leave Paid

Case ID: [REDACTED]

Case Dates: 09/06/2015 To 09/30/2015

Reason: Employee Health Condition (not pregnancy-related)

Person Affected: Employee

Dates: 09/23/2015 To 09/23/2015

Comments:

Next

7. You must enter a note to accompany your request in the **Comments** field if you are requesting less than a full day. The note must include exact times.
Example: *Worked half the day had to go home due to illness.*

Create Time Off Request

Pay Code: FMLAS FMLA Sick Leave Paid

Case ID: [REDACTED]

Case Dates: 09/06/2015 To 09/30/2015

Reason: Employee Health Condition (not pregnancy-related)

Person Affected: Employee

Dates: 09/23/2015 To 09/23/2015

Comments: Worked half the day had to go home due to illness

Next

8. Select **Next** to display the details of your time off request.

Create Time Off Request

Pay Code: FMLAS FMLA Sick Leave Paid

Case ID: [REDACTED]

Case Dates: 09/06/2015 To 09/30/2015

Reason: Employee Health Condition (not pregnancy-related)

Person Affected: Employee

Dates: 09/23/2015 To 09/23/2015

Comments: Worked half the day had to go home due to illness

Next

The **Request Details** window appears. The hours requested defaults to the scheduled hours for that day. You can modify the hours requested.

Request Details

Action	Date	Pay Code	Hours
	Wed 09/23/2015	FMLAS FMLA Sick Leave...	4.0

Comments
 Worked half the day had to go home due to illness

Back **Update**

9. If exceptions prevent you from submitting the request, do one of the following:
- Click the **Back** button to return to the previous window and make a different selection.

Request Details

Action	Date	Pay Code	Hours
	Wed 09/23/2015	FMLAS FMLA Sick Leave...	4.0

Comments
 Worked half the day had to go home due to illness

- Reduce the hours selected by the clicking the **Delete** icon in the **Action** field of a row to remove the hours from that row, and then click the **Update** button.

Request Details

Action	Date	Pay Code	Hours
	Wed 09/23/2015	FMLAS FMLA Sick Leave...	4.0

Comments
 Worked half the day had to go home due to illness

10. If no exceptions prevent you from submitting the request, click the **Submit** button to submit your request. You are notified of a successful submission.

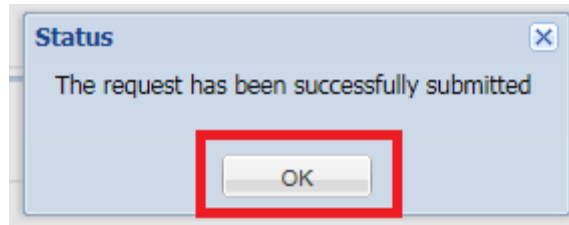
Request Details

Action	Date	Pay Code	Hours
	Wed 09/23/2015	FMLAS FMLA Sick Leave...	4.0

Case ID: 1104

Comments
 Worked half the day had to go home due to illness

11. Click **OK**.



You are returned to the **Request List** window. Your new request appears in the **Request List** window as **Pending**.

Request List

[+ Create New Request](#)

Current **Past**

Type	Start Date ▲	End Date	Status
Leave - Employee Health Condit...	09/06/2015	09/30/2015	Approved
Time off - FMLAS FMLA Sick Le...	09/23/2015	09/23/2015	Pending

12. *When your manager approves the Time Off Request for Intermittent FMLA, the requested time posts to your timesheet as Time Off. You will receive an email message when your Manager approves or rejects your request.*

13.

E-mail Notification

E-mail messages are sent to the following recipients state outlook account when time off requests are submitted. The following table shows when the event triggering the e-mail, the recipients, and the content of the message.

EVENT TRIGGERING EMAIL	MESSAGE SUBJECT	MESSAGE	RECIPIENT(S)
Submission of time off request	Time Off Request – Pending	“Employee Name” has requested time off. Please review.	Manager and Delegates
Approval of time off request	Time Off Request – Approved	Your time off request has been approved.	Employee
Rejection of time off request	Time Off Request – Rejected	Your time off request has been rejected.	Employee
Submission of time off request BEFORE TOR is approved	Time Off Request – Cancelled by Employee	“Employee Name” has cancelled his or her request for time off.	Manager and Delegates
Rejection of approved time off request	Time Off Request – Cancelled by Manager	“Manager Name” has cancelled your request	Employee