

AbsenceTracker

Employee Self-Service Dashboard

Submit an Intermittent Time Off Request (ITOR)

Last Updated
May 2022

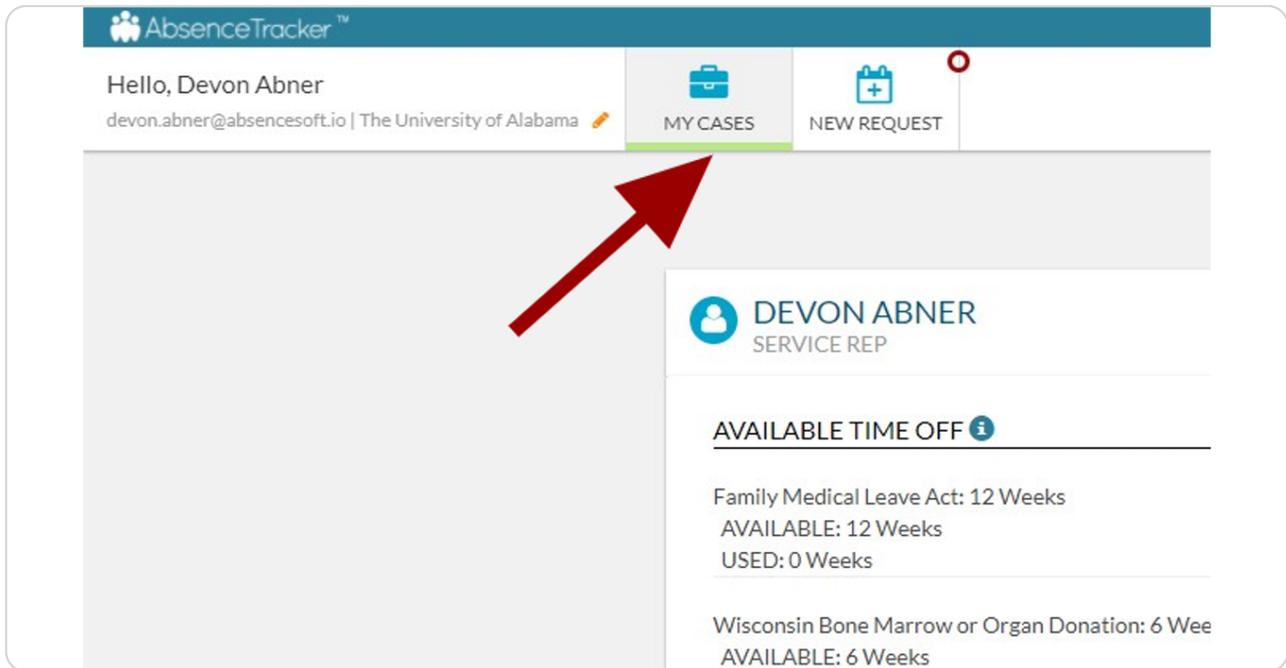
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STEP 1

Click on the AbsenceTracker logo in myBama for single sign-on access to your Employee Self-Service (ESS) Dashboard

STEP 2

Click on MY CASES to view all of your pending, approved and/or denied cases



STEP 3

Click on **SUBMIT INTERMITTENT ABSENCE** under the correct case number to record your Intermittent Time Off Request (ITOR)

Click on the CASE NUMBER to view more details about each case

DEVON ABNER [CASE NUMBER #2142041868](#) OPEN

DATES: 1/1/2022 - 3/1/2022 REASON: Employee Health Condition
RETURN TO WORK: 3/2/2022 TYPE: Intermittent

[Add Attachments](#) [View Attachments](#) [Case Notes](#) [Submit Intermittent Absence](#)

DEVON ABNER [CASE NUMBER #806758522](#) OPEN

DATES: 2/2/2022 - No End Date REASON: Accommodation Request
RETURN TO WORK: TYPE: Administrative

[Add Attachments](#) [View Attachments](#) [Case Notes](#)

STEP 4

Enter the **DATE** of your time off by typing in the box or use the calendar to navigate to the correct date

[Submit Intermittent Absence](#)

Select the date of your time off.

Select the reason for your time off

Incapacity: The inability to work or perform other regular daily activities due to the serious health condition or treatment and recovery from a serious health condition for you or a covered family member.

Treatment/Office Visit: Includes (but is not limited to) examinations to determine if a serious health condition exists and evaluations and treatment of the condition for you or a covered family member. It does not include routine physical, eye, or dental examinations.

How much time off do you need?

Time requested must be submitted in 15 minute intervals.

Calendar: February

Su	Mo	Tu	We
30	31	1	
6	7	8	
13	14	15	
20	21	22	
27	28	1	
6	7	8	

STEP 5

Select the REASON for your Intermittent Time Off Request (ITOR)

Select the date of your time off.

Select the reason for your time off

- Incapacity:** The inability to work or perform other regular daily activities due to the serious health condition or treatment and recovery from a serious health condition for you or a covered family member.
- Treatment/Office Visit:** Includes (but is not limited to) examinations to determine if a serious health condition exists and evaluations and treatment of the condition for you or a covered family member. It does not include routine physical, eye, or dental examinations.

How much time off do you need?

Time requested must be submitted in 15 minute intervals

«
Su
26
2
9
16 Cas Emj
23 Poli Stat Abs

STEP 6

Enter the number of HOURS and MINUTES you took off work on the selected date

Treatment/Office Visit: Includes (but is not limited to) examinations to determine if a serious health condition exists and evaluations and treatment of the condition for you or a covered family member. It does not include routine physical, eye, or dental examinations.

How much time off do you need?

8h 0m

Time requested must be submitted in 15 minute intervals.

9
16
23
30

CANCEL SUBMIT

STEP 7

NOTE: Time off requests may only be submitted in 15 minute increments, otherwise you will receive an error message.

Incapacity: The inability to work or perform other regular daily activities due to the serious health condition or treatment and recovery from a serious health condition for you or a covered family member.

Treatment/Office Visit: Includes (but is not limited to) examinations to determine if a serious health condition exists and evaluations and treatment of the condition for you or a covered family member. It does not include routine physical, eye, or dental examinations.

How much time off do you need?

2h 15m

Time requested must be submitted in 15 minute intervals.

There was an issue creating the intermittent absence. Please see the errors below.
The time requested must be submitted in 15 minute intervals. Adjust time down to 2h and submit again.

CANCEL SUBMIT

STEP 8

Click on SUBMIT to record the Intermittent Time Off Request in AbsenceTracker

ust be submitted in 15 minute intervals.

CANCEL SUBMIT

STEP 9

You may also click on **EDIT INTERMITTENT ABSENCE** to change a prior ITOR that has already been submitted

ails about each case

142041868 OPEN

REASON: Employee Health Condition
TYPE: Intermittent

Case Notes Submit Intermittent Absence **Edit Intermittent Absence**

06758522 OPEN

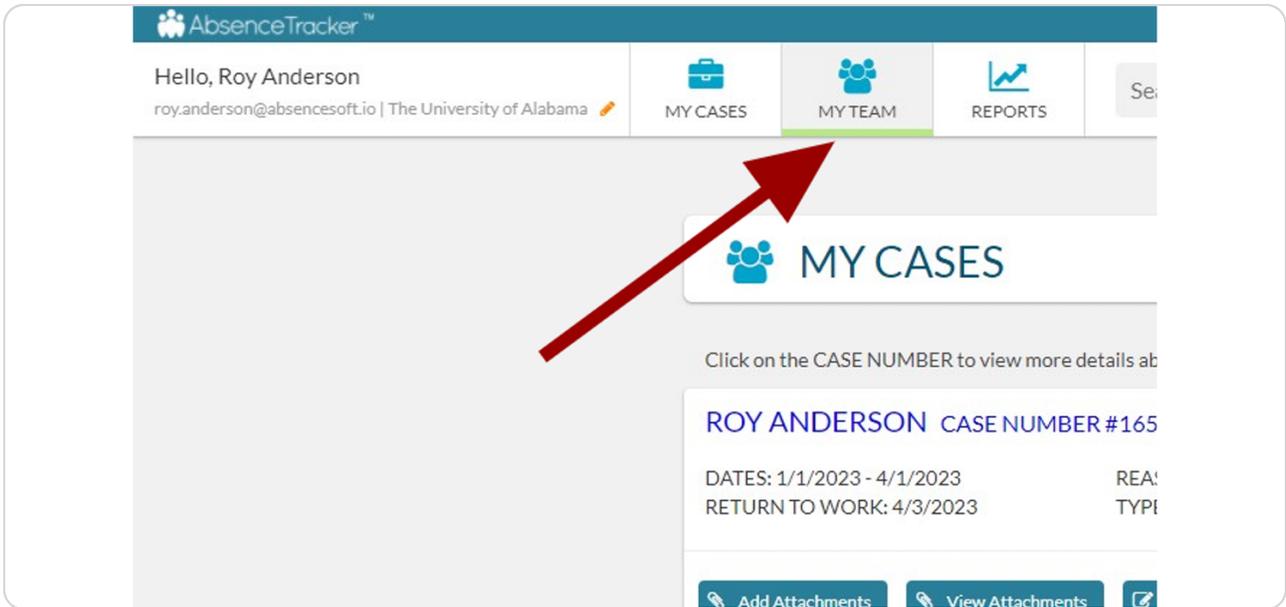
REASON: Accommodation Request
TYPE: Administrative

STEP 10

Intermittent Time Off Requests reported in AbsenceTracker will automatically feed over to your existing leave report in eTime or myBama

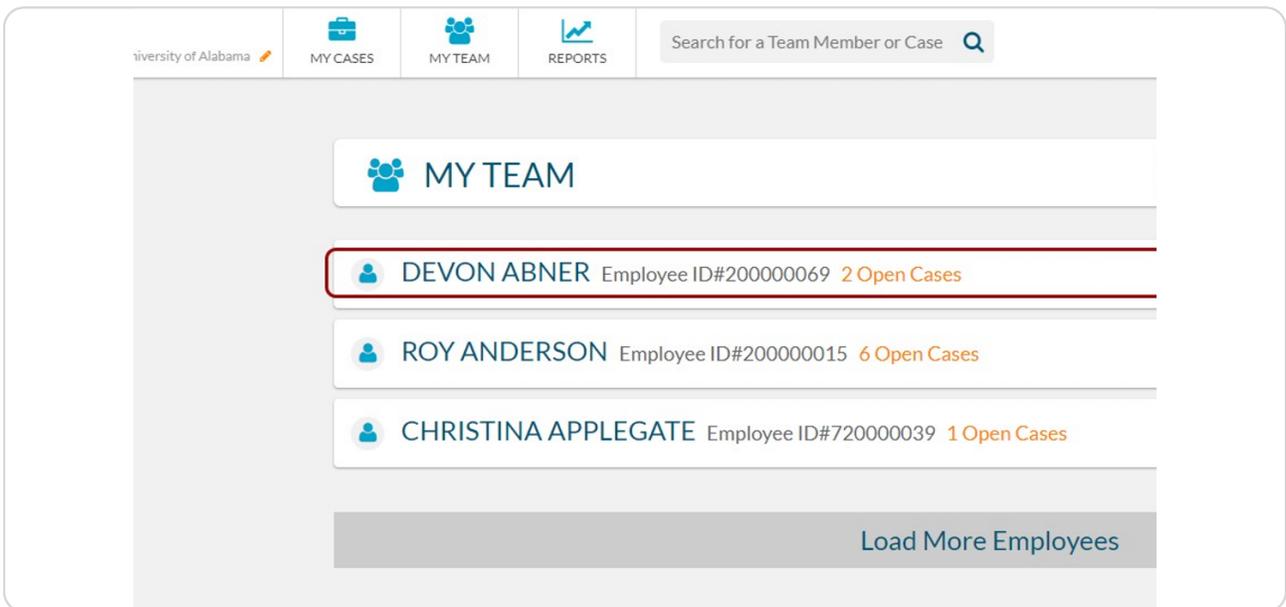
STEP 11

NOTE: Supervisors may also enter an Intermittent Time Off Request (ITOR) if an employee is incapacitated and/or otherwise unable to access the AbsenceTracker portal. In the supervisor's Employee Self-Service portal, click on MY TEAM to view a list of all direct report employees



STEP 12

Click on the applicable employee (i.e., DEVON ABNER) to view all open cases



STEP 13

Click on **SUBMIT INTERMITTENT ABSENCE** under the employee's correct case number and follow the same Steps #4 - 8 listed above.

NUMBER to view more details about each case

IER CASE NUMBER #2142041868 OPEN

- 3/1/2022 REASON: Employee Health Condition
K: 3/2/2022 TYPE: Intermittent

[View Attachments](#) [Case Notes](#) [Submit Intermittent Absence](#) [Edit Intermittent Absence](#)

IER CASE NUMBER #806758522 OPEN

- No End Date REASON: Accommodation Request
K: TYPE: Administrative

[View Attachments](#) [Case Notes](#)

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