AbsenceTracker Employee Self-Service Dashboard

Submit an Intermittent Time Off Request (ITOR)





Division of Finance and Operations Human Resources 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

| AbsenceTracker™ | 123 |
|--|--|
| Hello, Devon Abner devon.abner@absencesoft.io The University of Alabama 🥜 | MY CASES NEW REQUEST |
| | |
| | OEVON ABNER SERVICE REP |
| | AVAILABLE TIME OFF (|
| | Family Medical Leave Act: 12 Weeks AVAILABLE: 12 Weeks USED: 0 Weeks |
| | Wisconsin Bone Marrow or Organ Donation: 6 Wee AVAILABLE: 6 Weeks |



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STEP 3
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Click on SUBMIT INTERMITTENT ABSENCE under the correct case number to record your Intermittent Time Off Request (ITOR)

| DEVON ABNER CASE NUMBE | R #2142041868 OPEN |
|--|---|
| DATES: 1/1/2022 - 3/1/2022 RETURN TO WORK: 3/2/2022 | REASON: Employee Health Condition TYPE: Intermittent |
| Add Attachments View Attachme DEVONLABNER CASE NUMPE | ents Case Notes Submit Intermittent Absence |
| DEVON ADNER CASE NOMBE | R#000750522 UPEN |
| DATES: 2/2/2022 - No End Date RETURN TO WORK: | REASON: Accommodation Request TYPE: Administrative |

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 | « |) | F | ebr |
| | Su | Mo | Tu | |
| Select the reason for your time off | 30 | 31 | 1 | |
| 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. | 6 | 7 | 8 | |
| 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 | 13 | 14 | 15 | |
| routine physical, eye, or dental examinations. | 20 | 21 | 22 | |
| How much time off do you need? | 27 | 28 | 1 | |
| | | | | |



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STEP 5
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Select the REASON for your Intermittent Time Off Request (ITOR)



STEP 6

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





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STEP 7
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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 du to the serious health condition or treatment and recovery from a serious health condition for you or a covered family member. | 2 | 3 | 4 | 5 | 6 | |
|---|--|-----------------------------------|------------------------|----|----|---|
| 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 are covered family member. It does not include | 9 | 10 | 11 | 12 | 13 | 1 |
| routine physical, eye, or dental examinations. | 16 | 17 | 18 | 19 | 20 | 2 |
| How much time off do you need? 2h 1 5m | 23 | 24 | 25 | 26 | 27 | 2 |
| | | | | | | |
| Time requested must be submitted in 15 minute intervals. | 30 Please see the e | 31 | 1 v. | 2 | 3 | |
| Time requested must be submitted in 15 minute intervals. There was an issue creating the intermittent absence. The time requested must be submitted in 15 minute intervals. Ad | 30 Please see the o just time down | 31 errors below to 2h and s | 1 v. ubmit again | | 3 | |
| Time requested must be submitted in 15 minute intervals. There was an issue creating the intermittent absence. The time requested must be submitted in 15 minute intervals. Add CANCEL SUBMIT | 30 Please see the e just time down | 31 errors below to 2h and s | 1 v. ubmit again | | 3 | |
| Time requested must be submitted in 15 minute intervals. There was an issue creating the intermittent absence. The time requested must be submitted in 15 minute intervals. Add CANCEL SUBMIT | 30 Please see the e just time down | 31 errors below to 2h and s | 1 v. ubmit again | 2 | 3 | |

STEP 8

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

| | 23 | 24 | 25 | |
|--|----|----|----|--|
| ust be submitted in 15 minute intervals. | 30 | 31 | 1 | |
| | | | | |
| CANCEL | | | | |
| | | | | |
| | | | | |
| | | | | |



STEP 9

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

| ails about eac | n case | | |
|----------------|-------------|-----------------------------|-----------------------------|
| 142041868 | OPEN | | |
| REASON: En | nployee Hea | alth Condition | |
| TYPE: Intern | nittent | | |
| Case No | tes Ø | Submit Intermittent Absence | O Edit Intermittent Absence |
| 06758522 | OPEN | | |
| REASON: Ad | commodati | on Request | |
| TVPE · Admir | ictrativo | | |

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

| Hello, Roy Anderson roy.anderson@absencesoft.io The University of Alabama 🥜 | MY CASES | MY TEAM | REPORTS | Se |
|--|-------------------|----------------|------------------------------|-------------------------------|
| | | 1 | | |
| | * | MYCA | SES | |
| | | | | |
| | | | | |
| | Click on | the CASE NUMBE | R to view more o | details ab |
| | Click on | the CASE NUMBE | R to view more o | details ab ER #165 |
| | Click on ROY A | the CASE NUMBE | R to view more of CASE NUMBE | details ab ER #165 REA: |

STEP 12

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

| niversity of Alabama 🥜 | MY CASES | MY TEAM | | Search for a Team Member or Case Q |
|------------------------|----------|----------|----------|---|
| | | | | |
| | * | MYTE | AM | |
| | | DEVON A | | ployee ID#200000069 2 Open Cases |
| | | | | mployee ID#200000015 6 Open Cases |
| | | CUDICTIN | | |
| | • | CHRISTIN | NA APPLE | GATE Employee ID#720000039 1 Open Cases |
| | | | | Load More Employees |
| | | | | |



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STEP 13
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Click on SUBMIT INTERMITTENT ABSENCE under the employee's correct case number and follow the same Steps #4 - 8 listed above.

| ER CASE NUMB | ER #2142041868 OPEN |
|---|--|
| 3/1/2022 K: 3/2/2022 | REASON: Employee Health Condition TYPE: Intermittent |
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| | |
| 🗞 View Attachn | nents 🕼 Case Notes 🕜 Submit Intermittent Absence 🖉 Edit Intermittent Absence |
| 🔇 View Attachn | nents Case Notes Submit Intermittent Absence Case Notes |
| View Attachn | eents Case Notes Submit Intermittent Absence Case Notes Submit Intermittent Absence |
| View Attachn ER CASE NUMB No End Date | The ments Case Notes Submit Intermittent Absence Contract |



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