## AbsenceTracker Employee Self-Service Dashboard

Submit a New Leave Request





Division of Finance and Operations Human Resources

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

### STEP 2

### **Click on NEW REQUEST**

Hello, Devon Abner								
devon.abner@absencesoft.io   The University of Alabama 🧪	MY CASES NEW REQUEST							
	O DEVON ABNER SERVICE REP	VI	EW SC	HED	JLE			
	AVAILABLE TIME OFF 3	42		Ma	rch 20	022		39
	Family Medical Leave Act: 12 Weeks	Su	Mo	Tu	We	Th	Fr	S
	AVAILABLE: 12 Weeks USED: 0 Weeks	27	28	1	2	3	4	5
	Wisconsin Pana Marraw or Organ Donation: 6 Wooks	6	/	ö	9	10	11	1
	AVAILABLE: 6 Weeks	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	1
	USED: 0 Weeks	20	21	22	23	24	25	20
	Wissensis Family and Medical Leaves 2 Weeks	27	28	29	30	31	1	2
	AVAILABLE: 2 Weeks USED: 0 Weeks	3	4	5	6	7	8	9
	Wisconsin Family and Medical Leave for Employee							



### Click on REQUEST NEW LEAVE

	ר
•	
REQUEST NEW LEAVE Request a new case if you need time off of work for health conditions (personal or family), pregnancy, bonding, military leave, etc.	REQUEST NEW ACCOMMODATION Request an accommodation if you will continue working but need an accommodation to perform job functions.

### STEP 4

Review your Personal Information. If you need to update any personal information, contact the HR Service Center at (205) 348-7732 or email hrsvctr@ua.edu, otherwise click CONFIRM AND CONTINUE

1. Personal Info	2. Case Request	3. Absence Details	4. Duration	5. Additional Info	6. Submit Request
Review Perso	nal Info				
	First Name		Last Name		
	Devon		Abner		
	Email Address			Phone Number	
				212111111	
	Street Address			Apt, Suite, Etc. (Optional)	
	123 Main St				
	Country	State	City	Zip Code	
	United States 🗸	Colorado 🗸	Denver	80210	
	If you	need to update any personal infe	ormation, please cont	act your HR administrator.	
	DO YOU REQUIRE ALT	ERNATE CONTACT INFO FC	R THIS CASE?		



If personal information is incorrect, click the checkbox to provide ALTERNATE CONTACT INFO for this case then click CONFIRM AND CONTINUE

Enter Alterna	ate Contact Info		
Email Address			Phone Number
Street Address			Apt. Suite, Etc. (Optional)
Country	State	City	Zip Code
Select a Country	<ul> <li>✓ Select a State</li> </ul>	ony	

### STEP 6

### Click on the REASON for your leave request, then click CONFIRM AND CONTINUE

fo	2. Case Req	uest	3. Absence Details	4. Duration	5. Additional Info	6. Sub	mit Request
	0						
ter Care	Bonding	Employe	e Health Condition	Family Health Condition	Pregnancy/Maternity	Sabbatical	Military
						сс	NFIRM AN



Select the ABSENCE TYPE. Click on Consecutive, Intermittent, or Reduced to view a description of each absence type. Click CONFIRM AND CONTINUE

	V LEAVE REQUEST			ABNER, DEVON   #200000069
Perso	nal Info 🧹 Case Request 3. Absenc	ce Details 4. Duration	5. Additional Info	6. Submit Request
Absen	ce Details			
	CONSECUTIVE	INTERMITTENT	REDUCED	
Conse	cutive time off is a block of time where you w of leave time v	vill not be present at work. Choos vithout returning to work at all d	se consecutive leave if yo uring your leave.	ou will be requesting a period
				CONFIRM AND CONTINUE

### STEP 8

### Click on Start Date to select the first day you will need time off work

Personal Info       27       28       1       2       3       4       5         Duration of Rec       13       14       15       16       17       18       19         20       21       22       23       24       25       26         27       28       29       30       31       1       2         3       4       5       6       7       8       9         20       21       22       23       24       25       26         27       28       29       30       31       1       2         3       4       5       6       7       8       9		Su	Mo	Tu	We	Th	Fr	Sa	
6       7       8       9       10       11       12         13       14       15       16       17       18       19         20       21       22       23       24       25       26         27       28       29       30       31       1       2         3       4       5       6       7       8       9	Personal Info	27	28	1	2	3	4	5	Absence Details 4. Duration 5. Additional Info
13       14       15       16       17       18       19         20       21       22       23       24       25       26         27       28       29       30       31       1       2         3       4       5       6       7       8       9         End Date		6	7	8	9	10	11	12	
20       21       22       23       24       25       26         27       28       29       30       31       1       2         3       4       5       6       7       8       9         End Date	Duration of Red	13	14	15	16	17	18	19	
27       28       29       30       31       1       2         3       4       5       6       7       8       9             Image: Ministration of the state of th		20	21	22	23	24	25	26	d and data for your phones. These datas are he adjusted later on an etimote is
3         4         5         6         7         8         9           End Date           MM/D\$\phyryr         MM/DD/YYYY		27	28	29	30	31	1	2	d end date for your absence. These dates can be adjusted later so an estimate is o
ΜΜ/DΦ/ΥΥΥΥ		3	4	5	6	7	8	9	End Date
						M	1M/E	оф/ү	YYY MM/DD/YYYY



### Click on End Date to select the last day you will need time off work, then **CONFIRM AND CONTINUE**

	«		Mai	rch 20	022		33	ABITER, BEVOID #20000007
uset Absonce Dataile 4 Dr	Su	Mo	Tu	We	Th	Fr	Sa	a angl Info
Absence Details 4. Dr	27	28	1	2	3	4	5	onarmo o. Submit Request
	6	7	8	9	10	11	12	2
	13	14	15	16	17	18	19	9
	20	21	22	23	24	25	26	6
ted start date and end date for your absence. Th	<sup>e</sup> 27	28	29	30	31	1	2	i an estimate is okay.
	3	4	5	6	7	8	9	
03/23/2022	~				М	IM/E	рф∧	· · · · · · · · · · · · · · · · · · ·
								CONFIRM AND CONTINUE

### STEP 10

NOTE: Case Start Date and End Date are estimates and may be changed later by contacting your assigned Case Manager



Complete all required fields under ADDITIONAL INFORMATION. Family and Medical Leave is UNPAID, but you may elect to use accrued leave time to be PAID while off work.

Personal Info	Case Request	Absence Details	Ouration	5. Additional Info	6. Submit Request	
Additional Inf	ormation					
* Required Information			Annual Leaves	Dedox *		
Annual Leave Hours			Annual Leave C	Jidei	1	Ľ
Compensatory Time Hou	rs *		Compensatory	Time Order *	Select One	~
Parental Leave Hours *			Parental Leave	Order *	Select One	~
Sick Leave Hours *			Sick Leave Ord	er *	Select One	
					Select one	
Unpaid Leave Hours *			Unpaid Leave C	Order *	Select One	~
Den start and the start	·					
Disability? *	Sel	ect One	~			
					CONFIRM AND CONTINU	

### STEP 12

Click the drop-down menu next to each accrued leave to select the ORDER of preference to use paid leave (i.e., rank 1-5 or N/A)

	1	×	
ry Time Order *	Select One	~	
ve Order *	Select One	~	
rder *	Select One	~	
∋ Order *	Select One	~	



NOTE: Parental Leave is only available for employees requesting time off due to the birth of a child, adoption, or placement of a child for adoption or foster care

Annual Leave Order *	1	~	
Compensatory Time Order *	2	~	
Parental Leave Order *	N/A	Ţ	
Sick Leave Order *	2	~	
Unpaid Leave Order *	Select One	~	

#### STEP 14

Enter the number of HOURS of accrued leave you plan to use during your time off. If unknown, you may enter 0 hours and your accrued leave time will be used as needed until it is exhausted.

Demonstrate	Care Deswart			Duratian	
Personal Into	Case Request	Absence Details		Duration	5. Addition:
Additional Info	ormation				
* Required Information					
Annual Leave Hours *	80		\$	Annual Leave Or	rder *
Compared and Time University				Commenter 7	Circa Orden &
Compensatory Time Hour	s -		¢	Compensatory I	Ime Order *



Short-Term Disability may be available when you are unable to work due to an illness or injury. If you are enrolled in Short-Term Disability and plan to use it while on leave, then select YES. Otherwise, select NO.

Sick Leave Hours *	0
Unpaid Leave Hours *	o  \$
Do you plan to use Short-Term Disability? *	Select One

### STEP 16

### Click on CONFIRM AND CONTINUE to record your ORDER and HOURS of accrued leave preference

	Sick Leave Order *	2 ~	
	Unpaid Leave Order *	N/A 🗸	
~			
		CONFIRM AND CONTINUE	



Review all of your LEAVE REQUEST DETAILS for accuracy, then SUBMIT REQUEST

rabor rub machar	
Hello, Devon Abner devon abner@absencesoftio   The University of Alabama 🥖	
	NEW LEAVE REQUEST APAREN DEVON ( 20000097
	📀 Personal Info 📀 Case Request 📀 Absence Details 📀 Duration 📀 Additional Info 6. Submit Request
	Confirm Request Details
	First Name Last Name
	Devon Abner
	Email Address Phone Number
	212111111
	Absence Reason Case Type
	Employee Health Condition Consecutive
	Duration Start Data
	03232022 04/18/2022
	SUBMIT REQUEST

#### STEP 18

Review the confirmation screen which shows your CASE NUMBER and ELIGIBLE LEAVE POLICIES that apply to your case.

Vabama / MY CASES NEW REQUEST	
NEW LEAVE REQUE	ST
Leave Request Success	fully Submitted
CAS	f 1589937346
ELIGIBLE POLIC	Es         FAMILY MEDICAL LEAVE ACT   03/23/2022 - 04/18/2022           WISCONSIN FAMILY AND MEDICAL LEAVE FOR EMPLOYEE HEALTH   03/23/2022 - 04/18/2022           ANNUAL LEAVE   03/23/2022 - 04/18/2022           SICK LEAVE   03/23/2022 - 04/18/2022           COMPENSATORY TIME   03/23/2022 - 04/18/2022
Your request has successfully been	submitted and will be reviewed by your case manager. You can view your case details at any time on the "My Cases" page.
	ADD A NEW REQUEST CLOSE AND VIEW CASES



### **Click on CLOSE AND VIEW CASES**



### STEP 20

### Click ADD ATTACHMENTS to add documentation to your case to share with your Case Manager





To Add Attachment, click on BROWSE YOUR COMPUTER or DRAG AND DROP the attachment.

REQUEST ADD AT	TACHMENTS   CASE ID # 150	39937340   PENDIN		
mily and Medical Leave for				
2 Weeks	BROWSE YOUR	COMPUTER		
	-OR-			
mily and Medical Leave for	DRAG AND DROP YOUR	ATTACHMENT HERE.		
6 Weeks eks				
SE NUMBER to view more c Type		Description		
	~			
122 - 4/18/2022				
ORK: 4/19/2022		2		
		CANCEL SAVE	AND CLOSE	
ents 🕼 Case Notes				

### STEP 22

### Click on the drop-down menu to select the TYPE of attachment

AVAILABLE: 2 Weeks USED: 0 Weeks Wisconsin Family and Medical Leave for 6 Weeks AVAILABLE: 6 Weeks USED: 0 Weeks	BROWSE YOUR COMPUTER -OR- DRAG AND DROP YOUR ATTACHMENT HERE.	
Click on the CASE NUMBER to view more of DEVON ABNER CASE NUMBER #	Type     Description       Documentation	
RETURN TO WORK: 4/19/2022  Add Attachments Case Notes	CANCEL SAVE AND CLOSE	
DEVON ABNER CASE NUMBER #2 DATES: 1/1/2022 - 3/1/2022	142041868 OPEN REASON: Employee Health Condition	



Click on the DESCRIPTION box to enter additional information about the attachment

DRAG AND E	PROP YOUR ATTACHMEN	T HERE.		
ype Documentation	Description V Medical Certi	fication	)	
	CANCEL	SAVE AND CLOSE		

### STEP 24

### Click on SAVE AND CLOSE to add the attachment to your case

PLEASE	TAFILE TO ATTACH	
	Description	
	Medical Certification	
	CANCEL SAVE AND CLOSE	
e Health Conditi		



### You may click on CASE NOTES to add a note for your Case Manager to review



### STEP 26

### Click on + NEW NOTE to add a note

DEVON ABNER CASE NUMBE	ER #1589937346 OPEN
DATES: 3/23/2022 - 4/18/2022 RETURN TO WORK: 4/19/2022	REASON: Employee Health Condition TYPE: Consecutive
Cases Notes here are no notes on this case.	
Cases Notes here are no notes on this case.	+ NEW NOTE



### Type a message to your Case Manager and click CREATE NOTE

DE VON ADNER CASE NON	1BER #1589937346 OPEN	
DATES: 3/23/2022 - 4/18/2022 RETURN TO WORK: 4/19/2022	REASON: Employee Health Condition TYPE: Consecutive	
No. Add Attachments	25	
Cases Notes		
here are no notes on this case.		
Sample note to FML Administrat	or	



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