AbsenceTracker
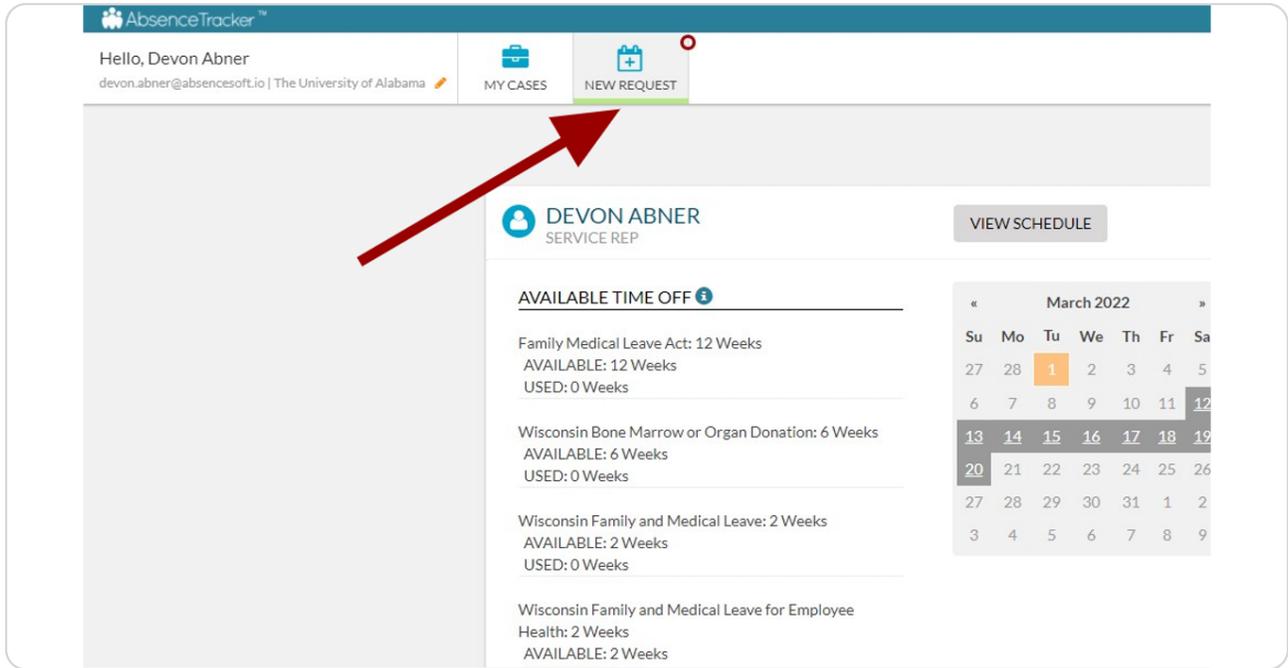## Employee Self-Service Dashboard

Submit a New Leave Request

THE UNIVERSITY OF
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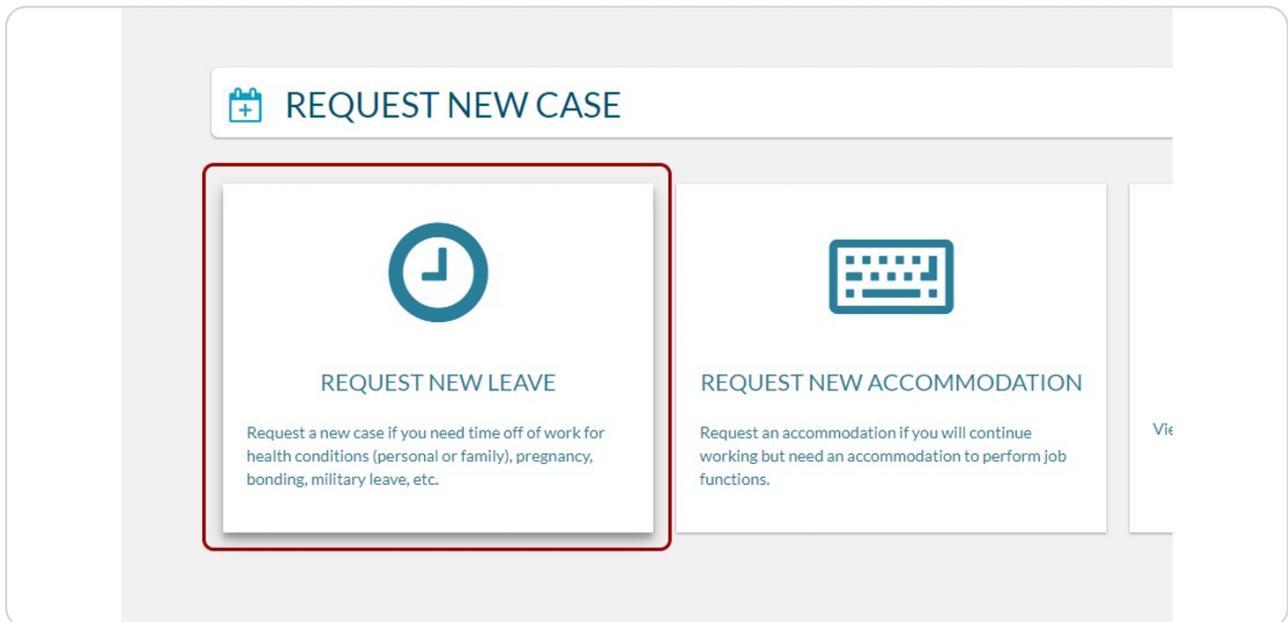**Click on the AbsenceTracker logo in myBama for single sign-on access to your Employee Self-Service (ESS) Dashboard**
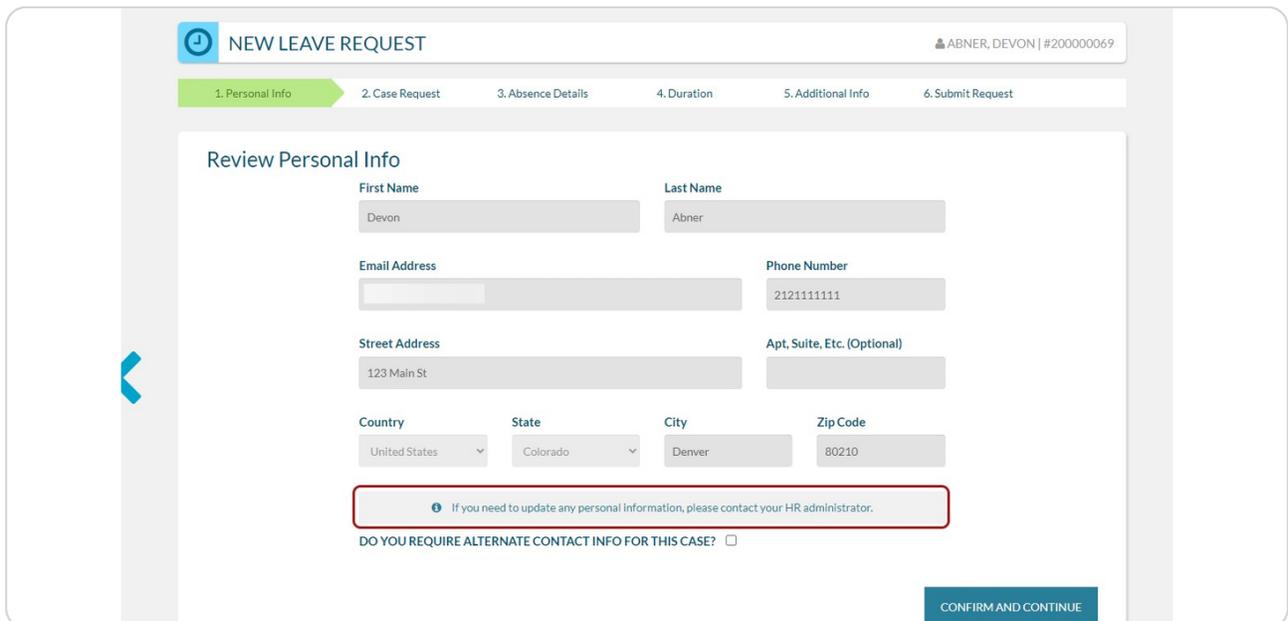
STEP 2

Click on NEW REQUEST

STEP 3

Click on REQUEST NEW LEAVE

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

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

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE? ☑

Enter Alternate Contact Info

Email Address	Phone Number

Street Address	Apt, Suite, Etc. (Optional)

Country	State	City	Zip Code
Select a Country	Select a State		

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

EAVE REQUEST   👤 ABNER, DEV

fo   2. Case Request   3. Absence Details   4. Duration   5. Additional Info   6. Submit Request

or Case

| ter Care | Bonding | Employee Health Condition | Family Health Condition | Pregnancy/Maternity | Sabbatical | Military |

CONFIRM AND

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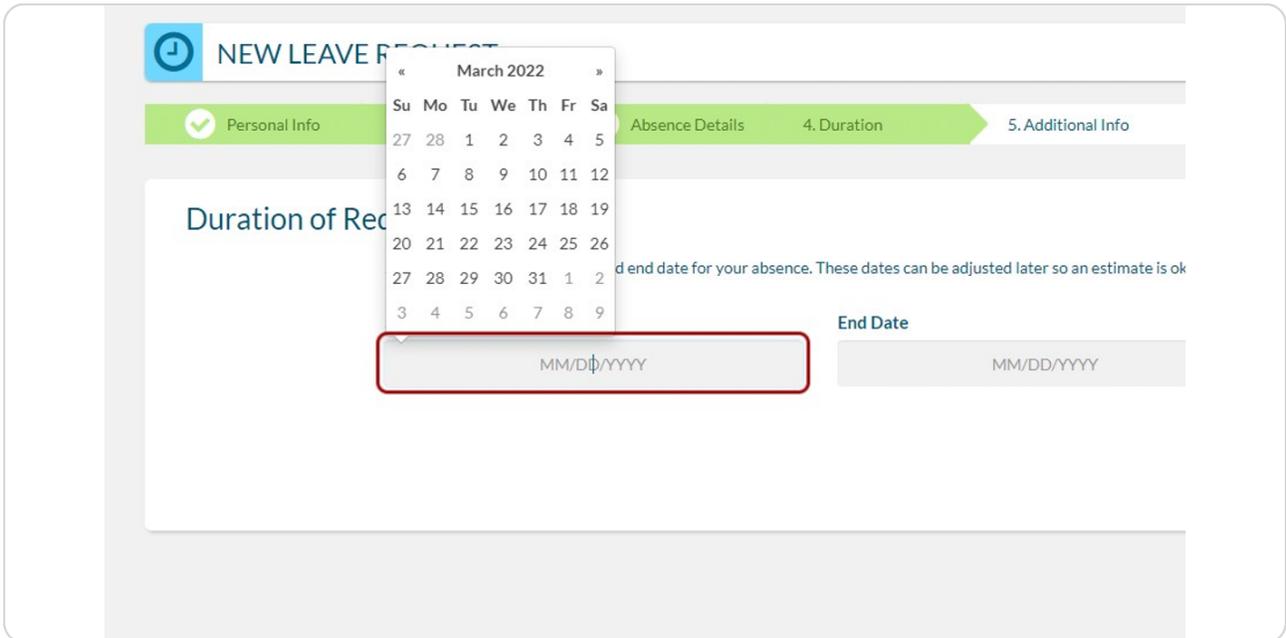
STEP 7

Select the ABSENCE TYPE. Click on Consecutive, Intermittent, or Reduced to view a description of each absence type. Click CONFIRM AND CONTINUE
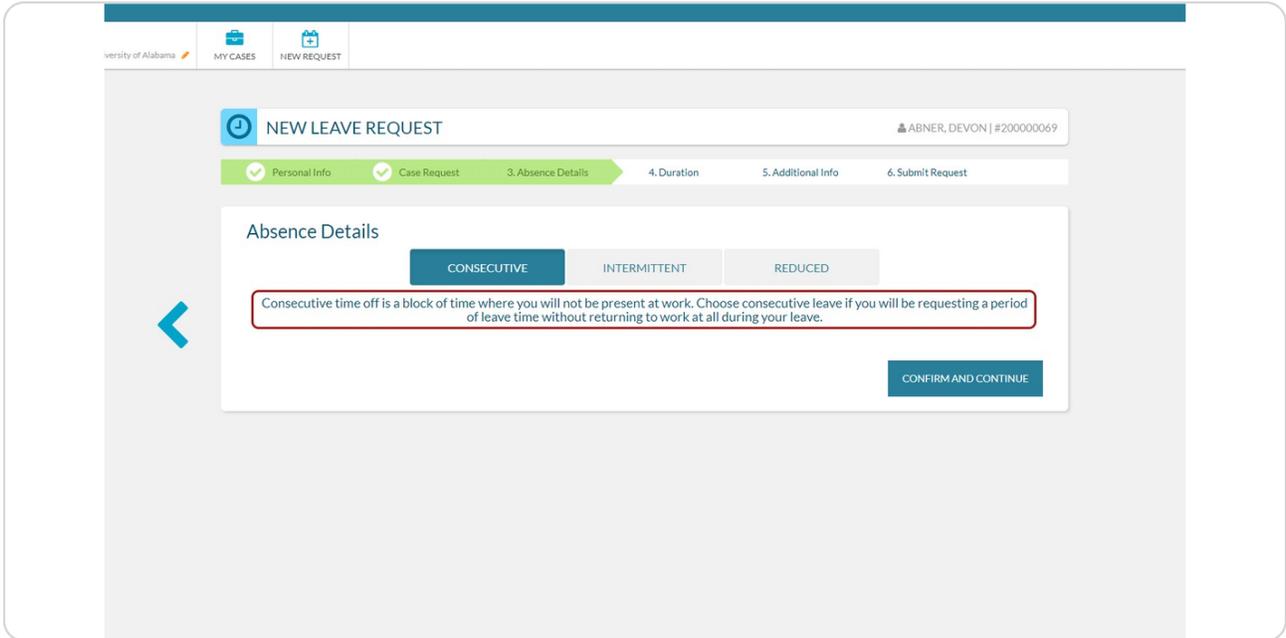
STEP 8

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

STEP 9

Click on End Date to select the last day you will need time off work, then 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

STEP 11

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.

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)

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

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.

🕐 NEW LEAVE REQUEST

✓ Personal Info   ✓ Case Request   ✓ Absence Details   ✓ Duration   5. Additional

Additional Information

* Required Information

Annual Leave Hours *	80	Annual Leave Order *
Compensatory Time Hours *		Compensatory Time Order *
Parental Leave Hours *		Parental Leave Order *
Sick Leave Hours *		Sick Leave 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.

Click on CONFIRM AND CONTINUE to record your ORDER and HOURS of accrued leave preference
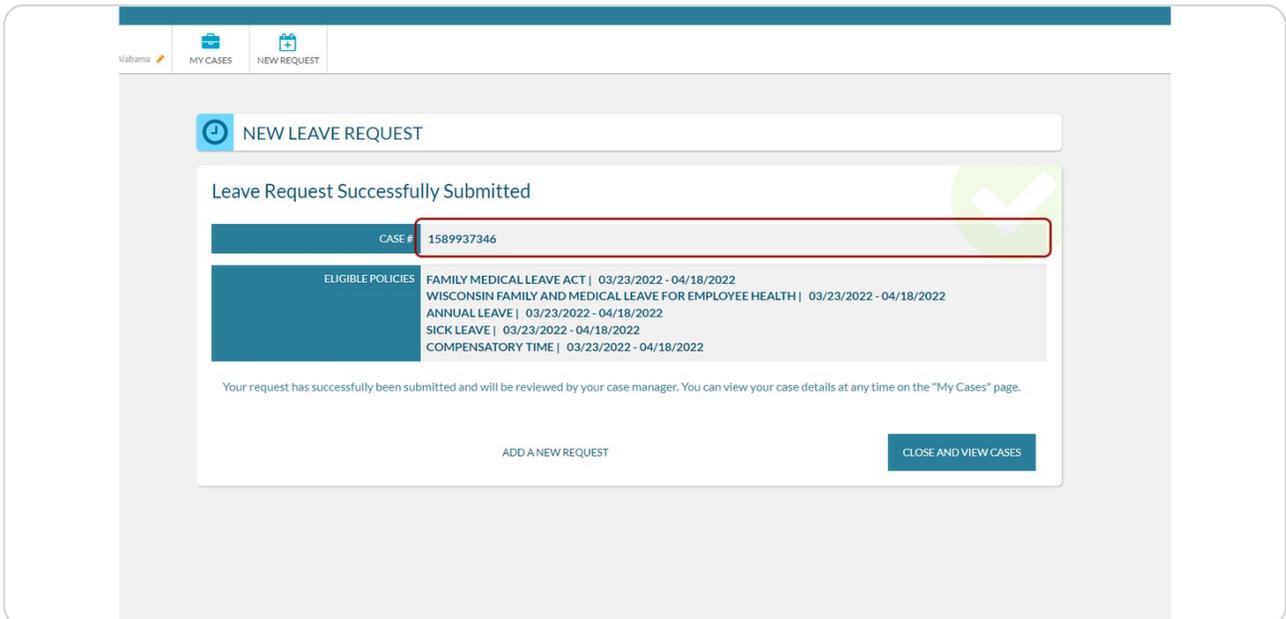
STEP 17

Review all of your LEAVE REQUEST DETAILS for accuracy, then SUBMIT REQUEST
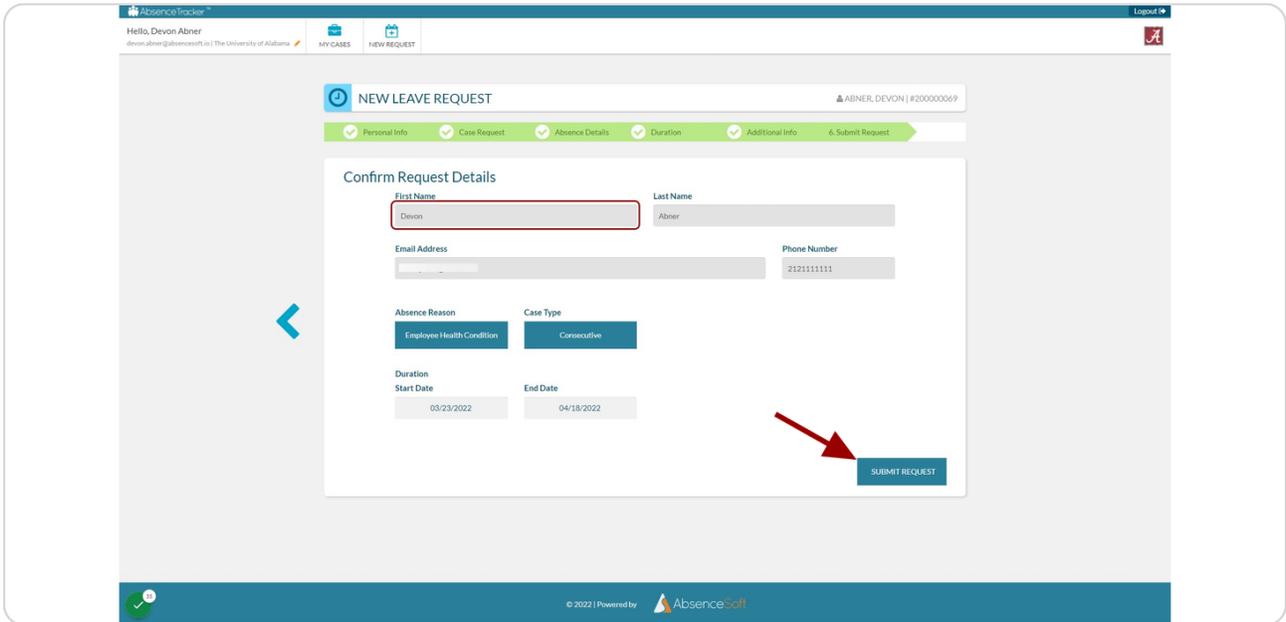
STEP 18

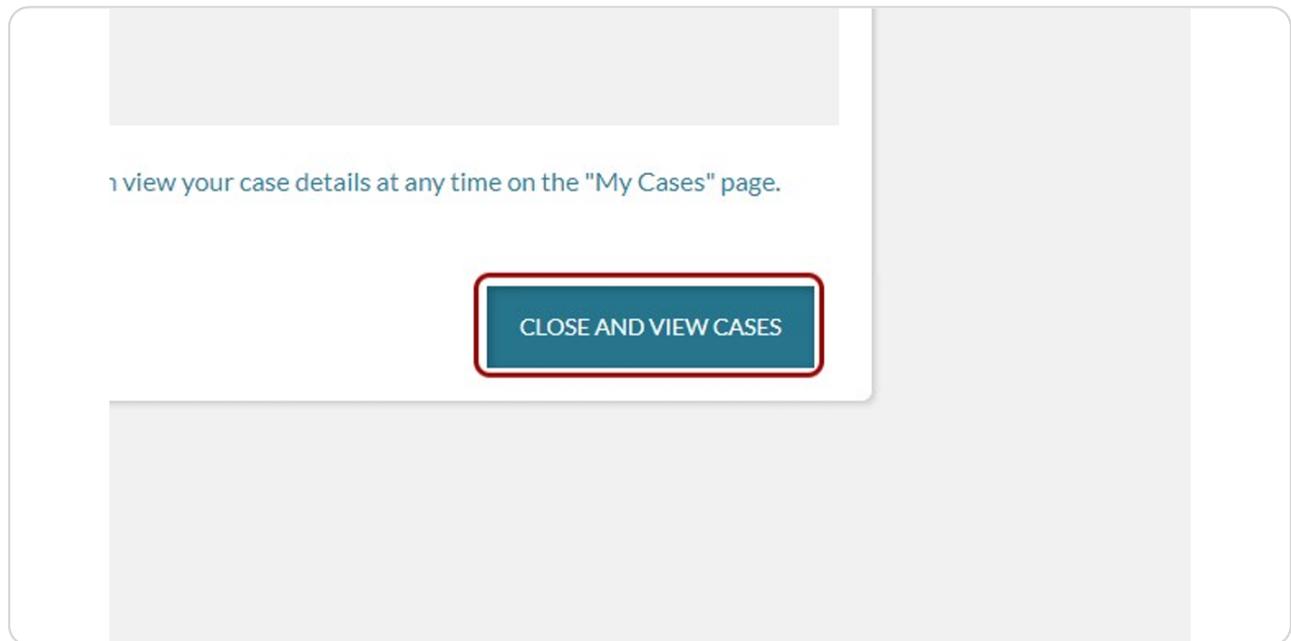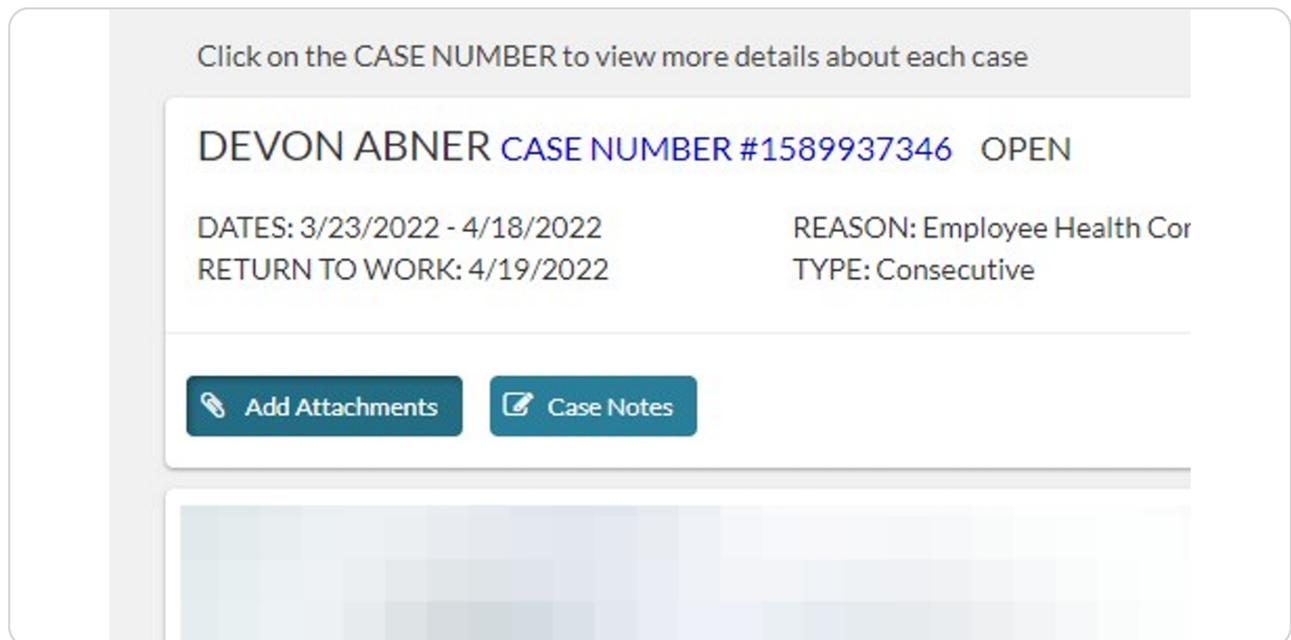**Review the confirmation screen which shows your CASE NUMBER and ELIGIBLE LEAVE POLICIES that apply to your case.**
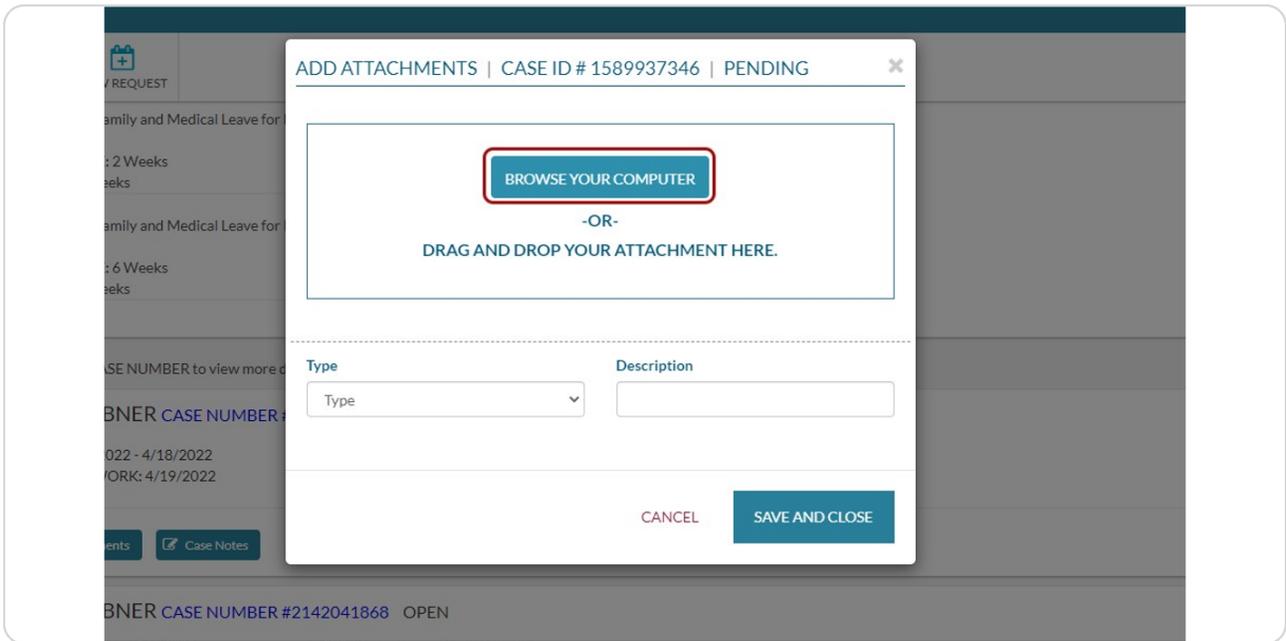
Click on CLOSE AND VIEW CASES

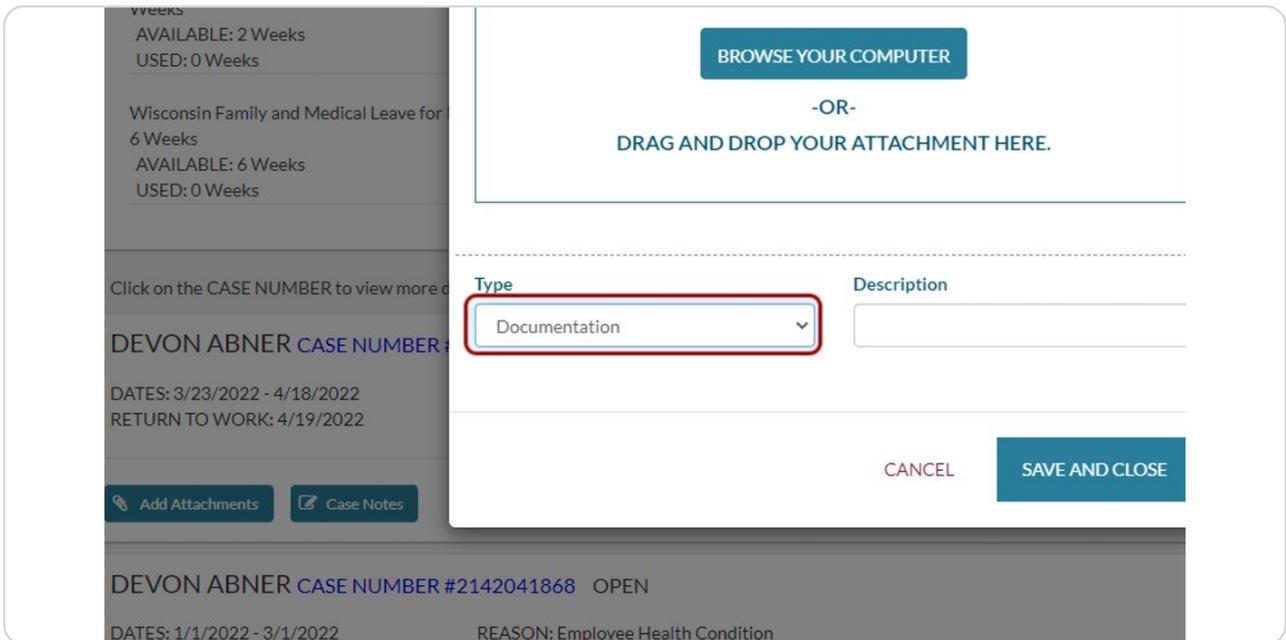## Click ADD ATTACHMENTS to add documentation to your case to share with your Case Manager

STEP 21

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

STEP 22

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

STEP 23

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

BROWSE YOUR COMPUTER

-OR-

DRAG AND DROP YOUR ATTACHMENT HERE.

ype

Documentation

Description

Medical Certification

CANCEL   SAVE AND CLOSE

42041868   OPEN

REASON: Employee Health Condition

STEP 24

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

PLEASE SELECT A FILE TO ATTACH

Description

Medical Certification

CANCEL   SAVE AND CLOSE

e Health Condition

Submit Intermittent Absence   Edit Intermittent Absence

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

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

DEVON ABNER CASE NUMBER #1589937346 OPEN

DATES: 3/23/2022 - 4/18/2022
RETURN TO WORK: 4/19/2022

REASON: Employee Health Co
TYPE: Consecutive

Add Attachments   Case Notes

Click on + NEW NOTE to add a note

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

DEVON ABNER CASE NUMBER #1589937346 OPEN

DATES: 3/23/2022 - 4/18/2022
RETURN TO WORK: 4/19/2022

REASON: Employee Health Condition
TYPE: Consecutive

Add Attachments   Case Notes

Cases Notes
There are no notes on this case.

+ NEW NOTE

Type a message to your Case Manager and click CREATE NOTE

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

DEVON ABNER CASE NUMBER #1589937346   OPEN

DATES: 3/23/2022 - 4/18/2022   REASON: Employee Health Condition
RETURN TO WORK: 4/19/2022   TYPE: Consecutive

📎 Add Attachments   ✎ Case Notes

✎ Cases Notes
There are no notes on this case.

Sample note to FML Administrator

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