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### Leave Balances for MILLER, SAMANTHA

Balances for pay period: 06 - 2015 : Mar 22, 2015 - Apr 04, 2015 Go

Leave Type	Accrual Leave Balances									
	Forward	Adj Forward	Accrued	Used	Expired	Adjustments	Capped	Balance	EOY Balance	EOY Use or Lose
Annual Leave	60:00	60:00	4:00	0:00	0:00	0:00	0:00	64:00	144:00	0:00
Unapplied Annual Leave Hours	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Sick Leave	60:00	60:00	4:00	0:00	0:00	0:00	0:00	64:00	144:00	0:00
Unapplied Sick Leave	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Credit Hours	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Compensatory Time	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Compensatory Travel	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Compensatory Time Religious	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Shore Leave	0	0	0	0	0	0	0	0	0	0
Home Leave	0	0	0	0	0	0	0	0	0	0
Restored Annual Leave	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Time Off Award	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Military Regular Leave	120:00	120:00	0:00	0:00	0:00	0:00	0:00	120:00	240:00	0:00
Military Emergency Leave	176:00	176:00	0:00	0:00	0:00	0:00	0:00	176:00	176:00	0:00
Deferred Annual Leave	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Unapplied Deferred Annual Leave Hours	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Deferred Sick Leave	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Unapplied Deferred Sick Leave Hours	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
COP Occurrence 1	0	0	0	0	0	0	0	0	0	0
COP Occurrence 2	0	0	0	0	0	0	0	0	0	0
COP Occurrence 3	0	0	0	0	0	0	0	0	0	0

Next >>

Tracking Leave Balances

Leave Type	Forward	Used	Used To Date
LWOP	0:00	0:00	0:00

<http://webta.kronosfederal.com/nfchost8/LeaveBalanceDetails#>

**Slide notes**

Next, we will return to the Main Menu by selecting the link in the breadcrumb trail. Select next to continue.

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### Leave Balances for MILLER, SAMANTHA

Balances for pay period:

Accrual Leave Balances

Leave Type	Forward	Adj Forward	Accrued	Used	Expired	Adjustments	Capped	Balance	EOY Balance	EOY Use or Lose
Annual Leave	60:00	60:00	4:00	0:00	0:00	0:00	0:00	64:00	144:00	0:00
Unapplied Annual Leave Hours	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Sick Leave	60:00	60:00	4:00	0:00	0:00	0:00	0:00	64:00	144:00	0:00
Unapplied Sick Leave	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Credit Hours	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Compensatory Time	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Compensatory Travel	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Compensatory Time Religious	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Shore Leave	0	0	0	0	0	0	0	0	0	0
Home Leave	0	0	0	0	0	0	0	0	0	0
Restored Annual Leave	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Time Off Award	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Military Regular Leave	120:00	120:00	0:00	0:00	0:00	0:00	0:00	120:00	240:00	0:00
Military Emergency Leave	176:00	176:00	0:00	0:00	0:00	0:00	0:00	176:00	176:00	0:00
Deferred Annual Leave	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Unapplied Deferred Annual Leave Hours	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Deferred Sick Leave	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
Unapplied Deferred Sick Leave Hours	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00
COP Occurrence 1	0	0	0	0	0	0	0	0	0	0
COP Occurrence 2	0	0	0	0	0	0	0	0	0	0
COP Occurrence 3	0	0	0	0	0	0	0	0	0	0

Tracking Leave Balances

Leave Type	Forward	Used	Used To Date
LWOP	0:00	0:00	0:00

<http://webta.kronosfederal.com/nfchost8/LeaveBalanceDetails#>

Slide notes

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The screenshot shows the WEBTA Employee Main Menu. The top navigation bar includes the WEBTA logo, the word 'Employee', and links for 'Inbox [8]', 'Settings', 'Help', and 'Log Out'. The main menu is organized into several categories:

- Time**: Timesheet, Timesheet Summary, Processed Timesheets, **Leave Requests** (highlighted with a red box), Premium Pay Requests, Dollar Transaction Requests, Leave Balances, Schedule
- Accounting**: Accounts
- Schedule**: Schedule Assignment, Shifts
- Messages**: Send Message To Timekeeper, Send Message To Supervisor
- Leave Transfer Program**: Leave Donations
- Emergency Contacts**: My Contacts
- Reports**: Reports
- Telework**: Telework Requests, Telework Agreements
- Continuation of Pay (COP)**: COP Events

A red callout box with white text says "Select the Leave Requests link" and points to the highlighted 'Leave Requests' link.

Slide notes

Next, we will go over how to create and submit a new leave request. To continue, select the Leave Requests link from the Main Menu.

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WEBTA™ Employee

Inbox [11] | Settings | Help | Log Out

Employee Main Menu >

### Leave Requests - Current

Status	Start Date	End Date	Leave Type	Hours	Submission Date	Supervisor	Timekeeper
Pending	04/04/2014	04/04/2014	Annual Leave	8:00	03/24/2014 02:31 PM	ROBINSON, WILLIAM	HARRIS, DANIEL

1-1 of 1 Records

View 25 | 50 | 100

[Add Leave Request](#) [History](#) [View Calendar](#) [Cancel](#)

[Next >>](#)

**Slide notes**

The Current Leave Requests page displays approved, pending and denied leave requests for the current, and for future pay periods. You can view existing requests by selecting the status link for the desired request.

This table is sortable by column type. Select the column headers to sort the table by the desired field. In this example, we will keep the table as is, and we are going to create a new request by selecting the Add Leave Request button. Select next to continue.

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WEBTA™ Employee Inbox [11] | Settings | Help | Log Out

Employee Main Menu >

### Leave Requests - Current

Status	Start Date	End Date	Leave Type	Hours	Submission Date	Supervisor	Timekeeper
Pending	04/04/2014	04/04/2014	Annual Leave	8:00	03/24/2014 02:31 PM	ROBINSON, WILLIAM	HARRIS, DANIEL

1-1 of 1 Records View 25 50 100

[Add Leave Request](#) [History](#) [View Calendar](#) [Cancel](#)

<http://webta.kronosfederal.com/nfchost8/FederalLeaveRequestsForRoleGroup>

Slide notes

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**WEBTA™ Employee** Inbox [11] | Settings | Help | Log Out

Employee Main Menu > Leave Requests >

**Leave Request Form** Pending Approved Denied

**Leave Type and Dates** Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type:

Transaction Leave Balance: NA

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Month Day Year	Month Day Year	<input type="checkbox"/>					Delete

[Add New Row](#)

**Remarks**

Submitter Remarks:

Approver Comments:

**Sick Leave Purpose**

If you are requesting sick leave, you must indicate the reason.

- None
- Illness/injury/incapacitation of requesting employee
- Medical/dental/optical examination of requesting employee
- Care of family member, including medical/dental/optical examination of family member, or bereavement
- Care of family member with a serious health condition
- Other (Provide the reason in Remarks)

[Next >>](#)

**Family and Medical Leave Act**

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual sick or leave without pay will be used under the Family and Medical Leave Act.

Slide notes

First, let's take a look at the Leave Request Form. The top portion contains the specifics of the request, like leave type, dates and hours, the status of the leave request, and the Leave Balance Calculator, which we will cover later.

The Remarks section contains fields for both the submitter, which can be you, or your timekeeper, and, approver remarks. If your supervisor denies your request, they are required to enter remarks in the appropriate field.

Let's scroll down and take a look at the middle section of the form. Select next to continue.

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WEBTA™

Employee

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[Employee Main Menu](#) > [Leave Requests](#) >

### Leave Request Form

Pending Approved Denied

Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type:

Transaction Leave Balance: NA

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Month Day Year	Month Day Year	<input type="checkbox"/>					<input type="button" value="Delete"/>

Add New Row

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**Remarks**

Submitter:

Remarks:

Approver:

Comments:

---

**Sick Leave Purpose**

If you are requesting sick leave, you must indicate the reason.

- None
- Illness/injury/incapacitation of requesting employee
- Medical/dental/optical examination of requesting employee
- Care of family member, including medical/dental/optical examination of family member, or bereavement
- Care of family member with a serious health condition
- Other (Provide the reason in Remarks)

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Slide notes

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WEBTA™

Employee

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[Employee Main Menu](#) > [Leave Requests](#) >

### Leave Request Form

**Leave Type and Dates**

Employee: MILLER, SAMANTHA

Leave Type:

Transaction Leave Balance: NA

Pending  Approved  Denied

Leave Balance Calculator

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Month Day Year <input style="width: 20px;" type="text"/>	Month Day Year <input style="width: 20px;" type="text"/>	<input type="checkbox"/>					<input type="button" value="Delete"/>

Add New Row

---

**Remarks**

Submitter:

Remarks:

Approver:

Comments:

---

**Sick Leave Purpose**

If you are requesting sick leave, you must indicate the reason.

- None
- Illness/injury/incapacitation of requesting employee
- Medical/dental/optical examination of requesting employee
- Care of family member, including medical/dental/optical examination of family member, or bereavement
- Care of family member with a serious health condition
- Other (Provide the reason in Remarks)

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**Family and Medical Leave Act**

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Slide notes

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**Sick Leave Purpose**

If you are requesting sick leave, you must indicate the reason.

- None
- Illness/injury/incapacitation of requesting employee
- Medical/dental/optical examination of requesting employee
- Care of family member, including medical/dental/optical examination of family member, or bereavement
- Care of family member with a serious health condition
- Other (Provide the reason in Remarks)

**Family and Medical Leave Act**

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), indicate what it will be used for.

I hereby invoke my entitlement to Family and Medical Leave for:

- None
- Birth/Adoption/Foster Care
- Family Military Leave
- Serious Health Condition of Self
- Serious Health Condition of Spouse, Child, or Parent

**Certification**

I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

**Privacy Act**

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management; to the Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

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**Slide notes**

If you are requesting Sick Leave, you must provide a reason by selecting one of the available options. You will receive an error if you select Sick Leave and do not select a reason.

The Family and Medical Leave Act section allows you to invoke your entitlement to Family and Medical Leave and provides options for the reason for taking this type of leave. Select next to continue.

## Slide 31 - Slide 31

### Sick Leave Purpose

If you are requesting sick leave, you must indicate the reason.

- None
- Illness/injury/incapacitation of requesting employee
- Medical/dental/optical examination of requesting employee
- Care of family member, including medical/dental/optical examination of family member, or bereavement
- Care of family member with a serious health condition
- Other (Provide the reason in Remarks)

### Family and Medical Leave Act

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), indicate what it will be used for.

I hereby invoke my entitlement to Family and Medical Leave for:

- None
- Birth/Adoption/Foster Care
- Family Military Leave
- Serious Health Condition of Self
- Serious Health Condition of Spouse, Child, or Parent

### Certification

I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

### Privacy Act

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## Slide notes

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### Sick Leave Purpose

If you are requesting sick leave, you must indicate the reason.

- None
- Illness/injury/incapacitation of requesting employee
- Medical/dental/optical examination of requesting employee
- Care of family member, including medical/dental/optical examination of family member, or bereavement
- Care of family member with a serious health condition
- Other (Provide the reason in Remarks)

### Family and Medical Leave Act

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), indicate what it will be used for.

I hereby invoke my entitlement to Family and Medical Leave for:

- None
- Birth/Adoption/Foster Care
- Family Military Leave
- Serious Health Condition of Self
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## Slide notes

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Illness, injury, incapacitation of requesting employee  
 Medical/dental/optical examination of requesting employee  
 Care of family member, including medical/dental/optical examination of family member, or bereavement  
 Care of family member with a serious health condition  
 Other (Provide the reason in Remarks)

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**Family and Medical Leave Act**

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), indicate what it will be used for.

I hereby invoke my entitlement to Family and Medical Leave for:

None  
 Birth/Adoption/Foster Care  
 Family Military Leave  
 Serious Health Condition of Self  
 Serious Health Condition of Spouse, Child, or Parent

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**Certification**

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## Slide notes

## Slide 34 - Slide 34

Other (Provide the reason in Remarks)

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**Family and Medical Leave Act**

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), indicate what it will be used for.

I hereby invoke my entitlement to Family and Medical Leave for:

- None
- Birth/Adoption/Foster Care
- Family Military Leave
- Serious Health Condition of Self
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## Slide notes

Finally, the bottom of the form contains the Certification and Privacy Act sections, and the Submit and Cancel buttons. The Submit button will save and submit your request for approval by your Supervisor. Your Supervisor will receive a message informing them of the request and the hours will be added to your timesheet.

Let's go back to the top of the page. Select next to continue.

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Medical/dental/optical examination of requesting employee  
 Care of family member, including medical/dental/optical examination of family member, or bereavement  
 Care of family member with a serious health condition  
 Other (Provide the reason in Remarks)

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**Family and Medical Leave Act**

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), indicate what it will be used for.

I hereby invoke my entitlement to Family and Medical Leave for:

None  
 Birth/Adoption/Foster Care  
 Family Military Leave  
 Serious Health Condition of Self  
 Serious Health Condition of Spouse, Child, or Parent

---

**Certification**

I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

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## Slide notes

## Slide 36 - Slide 36

Illness/injury/incapacitation of requesting employee  
 Medical/dental/optical examination of requesting employee  
 Care of family member, including medical/dental/optical examination of family member, or bereavement  
 Care of family member with a serious health condition  
 Other (Provide the reason in Remarks)

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**Family and Medical Leave Act**

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), indicate what it will be used for.

I hereby invoke my entitlement to Family and Medical Leave for:

None  
 Birth/Adoption/Foster Care  
 Family Military Leave  
 Serious Health Condition of Self  
 Serious Health Condition of Spouse, Child, or Parent

---

**Certification**

I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

---

**Privacy Act**

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

## Slide notes

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WEBTA™

Employee
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[Employee Main Menu](#) > [Leave Requests](#) >

Leave Request Form

Pending
Approved
Denied

**Leave Type and Dates**

Employee: MILLER, SAMANTHA

Leave Type:

Transaction Leave Balance: NA

Leave Balance Calculator

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Month Day Year	Month Day Year	<input type="checkbox"/>					<input type="button" value="Delete"/>

Add New Row

**Remarks**

Submitter:

Remarks:

Approver:

Comments:

**Sick Leave Purpose**

If you are requesting sick leave, you must indicate the reason.

- None
- Illness/injury/incapacitation of requesting employee
- Medical/dental/optical examination of requesting employee
- Care of family member, including medical/dental/optical examination of family member, or bereavement
- Care of family member with a serious health condition
- Other (Provide the reason in Remarks)

Next >>

**Family and Medical Leave Act**

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act

Slide notes

To view the available types of leave, select the Leave Type dropdown menu. Select next to continue.

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WEBTA™

Employee

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[Employee Main Menu >](#) [Leave Requests >](#)

Leave Request Form

Pending Approved Denied

Leave Type and Dates

Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type:

Transaction Leave Balance: NA

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Month Day Year	Month Day Year	<input type="checkbox"/>					Delete

Add New Row

Remarks

Submitter:

Remarks:

Approver:

Comments:

Sick Leave Purpose

If you are requesting sick leave, you must indicate the reason.

- None
- Illness/injury/incapacitation of requesting employee
- Medical/dental/optical examination of requesting employee
- Care of family member, including medical/dental/optical examination of family member, or bereavement
- Care of family member with a serious health condition
- Other (Provide the reason in Remarks)

Family and Medical Leave Act

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act

Slide notes

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**WEBTA™ Employee** | [Inbox \[11\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

[Employee Main Menu](#) > [Leave Requests](#) >

**Leave Request Form** | Pending | Approved | Denied

**Leave Type and Dates** | [Leave Balance Calculator](#)

Employee: MILLER, SAMANTHA

Leave Type: **Admin/Excused Absence**

Transaction L: 66 - 1995/1996 Furlough  
66 - Admin Excused w/Night Dif  
66 - Admin Leave Pending Case  
66 - Admin for Volunteering  
66 - Admin/Exc. Absence w/Sund  
66 - Admin/Exc. Absence/Sun+Ni  
66 - Blood Donation  
66 - Bone Marrow + Sunday Diff  
66 - Bone Marrow w/Sun + Night  
66 - BoneMarrow/OrganDonor Lea  
66 - Change of Duty Station  
66 - Court Leave  
66 - Court Leave + Sunday Diff  
66 - Court Leave w/Sun+Night  
66 - Examination Leave  
66 - Federal Holiday  
66 - Haz. Weather w/Sun+Night  
66 - Haz. Weather w/Sunday Diff  
66 - Hazard Weather Bureau Clo  
66 - Holiday Off + Sunday Diff  
66 - Holiday Off w/Sun + Night  
66 - Local Holiday  
66 - Organ Donor + Sunday Diff  
66 - Organ Donor w/Sun + Night  
66 - Other Leave w/Night Diff-Bone Marrow Donor  
66 - Other Leave w/Night Diff-Organ Donor  
66 - Other Leave, Shift 1  
66 - Other Leave-Office Closed Red Alert

Start Date: [Field]  
Month: [Field] Day: [Field] Year: [Field]

[Add New Request](#)

**Remarks**

Submit: [Field]  
Remarks: [Field]  
Approved: [Field]  
Comments: [Field]

**Sick Leave**

If you are requesting sick leave, please select the appropriate reason:

- None
- Illness/injury
- Medical/physical condition
- Care of family member
- Other (Please specify): [Field]

**Family and Medical Leave Act**

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act.

Total Hours: [Field] | Action: [Delete]

[Next >>](#)

Slide notes

Leave Type transaction codes are grouped by category. First, we see the Administrative and Excused Absence codes. Next, we will scroll down to view more. Select next to continue.

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Employee

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Leave Request Form

Pending
Approved
Denied

Leave Balance Calculator

**Leave Type and Dates**

Employee: MILLER, SAMANTHA

Leave Type: ▼

Transaction L

Start Date

Month Day Year

Add New Request

Remarks

Submitted

Remarks

Approved

Comments

**Sick Leave**

If you are requesting

None

Illness/injury

Medical/physical

Care of family member

Other (Please specify)

**Admin/Excused Absence**

66 - 1995/1996 Furlough

66 - Admin Excused w/Night Dif

66 - Admin Leave Pending Case

66 - Admin for Volunteering

66 - Admin/Exc. Absence w/Sund

66 - Admin/Exc. Absence/Sun+Ni

66 - Blood Donation

66 - Bone Marrow + Sunday Dif

66 - Bone Marrow w/Sun + Night

66 - BoneMarrow/OrganDonor Lea

66 - Change of Duty Station

66 - Court Leave

66 - Court Leave + Sunday Dif

66 - Court Leave w/Sun+Night

66 - Examination Leave

66 - Federal Holiday

66 - Haz. Weather w/Sun+Night

66 - Haz. Weather w/Sunday Dif

66 - Hazard Weather Bureau Clo

66 - Holiday Off + Sunday Dif

66 - Holiday Off w/Sun + Night

66 - Local Holiday

66 - Organ Donor + Sunday Dif

66 - Organ Donor w/Sun + Night

66 - Other Leave w/Night Dif-Bone Marrow Donor

66 - Other Leave w/Night Dif-Organ Donor

66 - Other Leave, Shift 1

66 - Other Leave-Office Closed Red Alert

Total Hours	Action
	Delete

**Family and Medical Leave Act**

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act

Slide notes

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Leave Request Form

Pending Approved Denied

Leave Balance Calculator

Leave Type and Dates  
Employee: MILLER, SAMANTHA

Leave Type: Admin/Excused Absence

- 66 - 1995/1996 Furlough
- 66 - Admin Excused w/Night Dif
- 66 - Admin Leave Pending Case
- 66 - Admin for Volunteering
- 66 - Admin/Exc. Absence w/Sund
- 66 - Admin/Exc. Absence/Sun+Ni
- 66 - Blood Donation
- 66 - Bone Marrow + Sunday Diff
- 66 - Bone Marrow w/Sun + Night
- 66 - BoneMarrow/OrganDonor Lea
- 66 - Change of Duty Station
- 66 - Court Leave
- 66 - Court Leave + Sunday Diff
- 66 - Court Leave w/Sun+Night
- 66 - Examination Leave
- 66 - Federal Holiday
- 66 - Haz. Weather w/Sun+Night
- 66 - Haz. Weather w/Sunday Diff
- 66 - Hazard Weather Bureau Clo
- 66 - Holiday Off + Sunday Diff
- 66 - Holiday Off w/Sun + Night
- 66 - Local Holiday
- 66 - Organ Donor + Sunday Diff
- 66 - Organ Donor w/Sun + Night
- 66 - Other Leave w/Night Diff-Bone Marrow Donor
- 66 - Other Leave w/Night Diff-Organ Donor
- 66 - Other Leave, Shift 1
- 66 - Other Leave-Office Closed Red Alert
- 66 - Other Leave-Organ Donor

Remarks

Family and Medical Leave Act

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act

Slide notes

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**WEBTA™ Employee** | Inbox [11] | Settings | Help | Log Out

Employee Main Menu > Leave Requests >

**Leave Request Form** | Pending | Approved | Denied

**Leave Type and Dates** | Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type: **Annual Leave**

Transaction L: 61 - Annual Leave

Start Date: 61 - Annual Leave ( 1ST SHIFT + SUNDAY ) WG-SHIFT-5 (MFL)

Month Day Year: 61 - Annual Leave ( 2ND SHIFT + SUNDAY ) WG-SHIFT-6 (MFL)

**Add New Request**

**Remarks**

61 - Annual Leave ( 3:00PM TO MIDNIGHT ) WG-SHIFT-2 (MFL)

61 - Annual Leave ( 3RD SHIFT + SUNDAY ) WG-SHIFT-7 (MFL)

61 - Annual Leave ( 7:00AM TO 3:00PM ) WG-SHIFT-1 (MFL)

61 - Annual Leave (11:00PM TO 8:00AM) WG-SHIFT-3 (MFL)

61 - Annual Leave (WITH 2 OR MORE SHIFTS) WG-SHIFT-4 (MFL)

61 - Annual Leave Donated

61 - Annual Leave FMLA

61 - Annual Leave MFL

61 - Annual Leave MFL Night Diff @ 15%-COPR

61 - Annual Leave MFL Night Diff @ 20%

61 - Annual Leave MFL Night Diff @ 20%-COBRA

61 - Annual Leave MFL Night Diff @ 20%-COBRA-COPR

61 - Annual Leave MFL Sunday Diff @ 50%

61 - Annual Leave w/ Night Diff @ 15% (MFL)

61 - Annual Leave w/ Night Diff @ 20% (COPR) (MFL)

61 - Annual Leave w/Night Diff

61 - Annual Leave w/Night+Sun Diff

61 - Annual Leave, Shift 1

61 - Annual Leave, Shift 3

**Sick Leave**

If you are requesting sick leave, please select the appropriate code:

None

Illness/injury

Medical/Professional

Care of family member

Care of family member (FMLA)

Other (Please specify)

**Comp Time/Travel Used**

64 - Comp Time/Travel Used

**Compensatory Time Off**

64 - Comp Leave Used

64 - Comp Time Used w/Night Diff

64 - Comp Time Used, Shift 1

64 - Comp Time Used, Shift 3

Family and Medical Leave Act

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act.

Next >>

Slide notes

Next, we see the Annual Leave and Comp time codes. We will continue to scroll. Select next to continue.

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Leave Request Form

Pending
Approved
Denied

Leave Type and Dates

Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type: Annual Leave

Transaction L

Start Date

Month Day Year

Add New R

Remarks

Submit

Remarks

Approve

Comments

Sick Leave

If you are re

None

Illness/in

Medical/

Care of f

Care of f

Other (P

**Annual Leave**

61 - Annual Leave

61 - Annual Leave ( 1ST SHIFT + SUNDAY ) WG-SHIFT-5 (MFL)

61 - Annual Leave ( 2ND SHIFT + SUNDAY ) WG-SHIFT-6 (MFL)

61 - Annual Leave ( 3:00PM TO MIDNIGHT) WG-SHIFT-2 (MFL)

61 - Annual Leave ( 3RD SHIFT + SUNDAY ) WG-SHIFT-7 (MFL)

61 - Annual Leave ( 7:00AM TO 3:00PM) WG-SHIFT-1 (MFL)

61 - Annual Leave (11:00PM TO 8:00AM) WG-SHIFT-3 (MFL)

61 - Annual Leave (WITH 2 OR MORE SHIFTS) WG-SHIFT-4 (MFL)

61 - Annual Leave Donated

61 - Annual Leave FMLA

61 - Annual Leave MFL

61 - Annual Leave MFL Night Diff @ 15%-COPR

61 - Annual Leave MFL Night Diff @ 20%

61 - Annual Leave MFL Night Diff @ 20%-COBRA

61 - Annual Leave MFL Night Diff @ 20%-COBRA-COPR

61 - Annual Leave MFL Sunday Diff @ 50%

61 - Annual Leave w/ Night Diff @ 15% (MFL)

61 - Annual Leave w/ Night Diff @ 20% (COPR) (MFL)

61 - Annual Leave w/Night Diff

61 - Annual Leave w/Night+Sun Diff

61 - Annual Leave, Shift 1

61 - Annual Leave, Shift 3

**Comp Time/Travel Used**

64 - Comp Time/Travel Used

**Compensatory Time Off**

64 - Comp Leave Used

64 - Comp Time Used w/Night Diff

64 - Comp Time Used, Shift 1

64 - Comp Time Used, Shift 3

Total Hours

Action

Delete

**Family and Medical Leave Act**

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act

Slide notes

Enter slide note

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Leave Request Form

Pending
Approved
Denied

Leave Type and Dates

Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type:

Transaction L

Start Da

Month Day Y

Add New R

Remarks

Submi

Rema

Appr

Comme

Sick Leave

If you are re

None

Illness/in

Medical/

Care of f

Care of f

Other (P

61 - Annual Leave

61 - Annual Leave ( 1ST SHIFT + SUNDAY ) WG-SHIFT-5 (MFL)

61 - Annual Leave ( 2ND SHIFT + SUNDAY ) WG-SHIFT-6 (MFL)

61 - Annual Leave ( 3:00PM TO MIDNIGHT ) WG-SHIFT-2 (MFL)

61 - Annual Leave ( 3RD SHIFT + SUNDAY ) WG-SHIFT-7 (MFL)

61 - Annual Leave ( 7:00AM TO 3:00PM ) WG-SHIFT-1 (MFL)

61 - Annual Leave ( 11:00PM TO 8:00AM ) WG-SHIFT-3 (MFL)

61 - Annual Leave ( WITH 2 OR MORE SHIFTS ) WG-SHIFT-4 (MFL)

61 - Annual Leave Donated

61 - Annual Leave FMLA

61 - Annual Leave MFL

61 - Annual Leave MFL Night Diff @ 15%-COPR

61 - Annual Leave MFL Night Diff @ 20%

61 - Annual Leave MFL Night Diff @ 20%-COBRA

61 - Annual Leave MFL Night Diff @ 20%-COBRA-COPR

61 - Annual Leave MFL Sunday Diff @ 50%

61 - Annual Leave w/ Night Diff @ 15% (MFL)

61 - Annual Leave w/ Night Diff @ 20% (COPR) (MFL)

61 - Annual Leave w/Night Diff

61 - Annual Leave w/Night+Sun Diff

61 - Annual Leave, Shift 1

61 - Annual Leave, Shift 3

**Comp Time/Travel Used**

64 - Comp Time/Travel Used

**Compensatory Time Off**

64 - Comp Leave Used

64 - Comp Time Used w/Night Diff

64 - Comp Time Used, Shift 1

64 - Comp Time Used, Shift 3

**Credit Hours Used**

Total Hours

Action

Delete

**Family and Medical Leave Act**

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act

Slide notes