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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: **61 - Annual Leave, Shift 1**

Transaction L: 61 - Annual Leave, Shift 3

Comp Time/Travel Used

Start Date: 64 - Comp Time/Travel Used

Month Day Year: 64 - Comp Time Used w/Night Diff

Compensatory Time Off

64 - Comp Leave Used

64 - Comp Time Used, Shift 1

64 - Comp Time Used, Shift 3

Credit Hours Used

50 - Credit Hours

50 - Credit Hr Used-Detail

Home Leave Used

69 - Home Leave

69 - Home Leave (3:00PM TO MIDNIGHT) WG-SHIFT-2

69 - Home Leave (7:00AM TO 3:00PM) WG-SHIFT-1(MIL)

69 - Home Leave (11:00PM TO 8:00AM) WG-SHIFT-3 (MIL)

69 - Home Leave (WITH 2 OR MORE SHIFTS) WG-SHIFT-4 (MIL)

69 - Home Leave Used w/Sun + Night

69 - Home Leave Used, Shift 1

69 - Home Leave Used, Shift 2

69 - Home Leave Used, Shift 3

69 - Home Leave w/ Night Diff @ 15% (U.S.CUSTOMS) (MIL)

69 - Home Leave w/ Night Diff @ 20% (U.S.CUSTOMS) (MIL)

69 - Home Leave w/ Night Diff @ 20% S&E/COBRA (U.S.CUSTOMS) (MIL)

69 - Home Leave w/ Night Diff@ 15% S&E/COBRA (U.S.CUSTOMS) (MIL)

69 - Home Leave w/ Sun Diff @ 50% (U.S.CUSTOMS) (MIL)

69 - Home Leave-MFL

69 - Home Leave-MFL w/ Night Diff @ 15%-COBRA-COPR

69 - Home Leave-MFL w/ Night Diff @ 15%-COPR

Sick Leave

If you are re:

None

Illness/in

Medical/

Care of f

Care of f

Other (P

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

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Slide notes

Here, we see more Comp Time codes as well as Credit Hours and Home Leave transaction codes. We will continue to scroll. Select next to continue.

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Leave Request Form

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Approved
Denied

Leave Type and Dates

Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type: 61 - Annual Leave, Shift 1

Transaction L
61 - Annual Leave, Shift 3

Start Da
Comp Time/Travel Used

Month Day Y
64 - Comp Time/Travel Used

Add New R

Remarks

Submi
Home Leave Used

Remar
69 - Home Leave

Appr
69 - Home Leave (3:00PM TO MIDNIGHT) WG-SHIFT-2

Comme
69 - Home Leave (7:00AM TO 3:00PM) WG-SHIFT-1(MIL)

69 - Home Leave (11:00PM TO 8:00AM) WG-SHIFT-3 (MIL)

69 - Home Leave (WITH 2 OR MORE SHIFTS) WG-SHIFT-4 (MIL)

Sick Leave

If you are re

None

Illness/in

Medical/

Care of f

Care of f

Other (P

64 - Comp Time Used w/Night Diff

64 - Comp Time Used, Shift 1

64 - Comp Time Used, Shift 3

Credit Hours Used

50 - Credit Hours

50 - Credit Hr Used-Detail

69 - Home Leave

69 - Home Leave (3:00PM TO MIDNIGHT) WG-SHIFT-2

69 - Home Leave (7:00AM TO 3:00PM) WG-SHIFT-1(MIL)

69 - Home Leave (11:00PM TO 8:00AM) WG-SHIFT-3 (MIL)

69 - Home Leave (WITH 2 OR MORE SHIFTS) WG-SHIFT-4 (MIL)

69 - Home Leave Used w/Sun + Night

69 - Home Leave Used, Shift 1

69 - Home Leave Used, Shift 2

69 - Home Leave Used, Shift 3

69 - Home Leave w/ Night Diff @ 15% (U.S.CUSTOMS) (MIL)

69 - Home Leave w/ Night Diff @ 20% (U.S.CUSTOMS) (MIL)

69 - Home Leave w/ Night Diff @ 20% S&E/COBRA (U.S.CUSTOMS) (MIL)

69 - Home Leave w/ Night Diff@ 15% S&E/COBRA (U.S.CUSTOMS) (MIL)

69 - Home Leave w/ Sun Diff @ 50% (U.S.CUSTOMS) (MIL)

69 - Home Leave-MFL

69 - Home Leave-MFL w/ Night Diff @ 15%-COBRA-COPR

69 - Home Leave-MFL w/ Night Diff @ 15%-COPR

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

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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 Date

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, 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

50 - Credit Hours

50 - Credit Hr Used-Detail

Home Leave Used

69 - Home Leave

69 - Home Leave (3:00PM TO MIDNIGHT) WG-SHIFT-2

69 - Home Leave (7:00AM TO 3:00PM) WG-SHIFT-1(MIL)

69 - Home Leave (11:00PM TO 8:00AM) WG-SHIFT-3 (MIL)

69 - Home Leave (WITH 2 OR MORE SHIFTS) WG-SHIFT-4 (MIL)

69 - Home Leave Used w/Sun + Night

69 - Home Leave Used, Shift 1

69 - Home Leave Used, Shift 2

69 - Home Leave Used, Shift 3

69 - Home Leave w/ Night Diff @ 15% (U.S.CUSTOMS) (MIL)

69 - Home Leave w/ Night Diff @ 20% (U.S.CUSTOMS) (MIL)

69 - Home Leave w/ Night Diff @ 20% S&E/COBRA (U.S.CUSTOMS) (MIL)

69 - Home Leave w/ Night Diff@ 15% S&E/COBRA (U.S.CUSTOMS) (MIL)

69 - Home Leave w/ Sun Diff @ 50% (U.S.CUSTOMS) (MIL)

69 - Home Leave-MFL

69 - Home Leave-MFL w/ Night Diff @ 15%-COBRA-COPR

69 - Home Leave-MFL w/ Night Diff @ 15%-COPR

69 - Home Leave-MFL w/ Night Diff @ 20%-COBRA-COPR

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

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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 Date

Month Day Year

Add New Request

Remarks

Submitted

Remarks

Approved

Comments

Sick Leave

If you are requesting

None

Illness/Injury

Medical/Injury

Care of family member

Care of family member

Other (Please specify)

69 - Home Leave-MFL w/ Night Diff @ 20%-COPR

Leave Without Pay

71 - FMLA Adoption / Foster Ca

71 - LWOP - Military Emergency

71 - LWOP - Military Leave

71 - LWOP/Humanitarian

71 - Leave Without Pay-Allocating time for TOD

71 - Leave Without Pay-Government Closure

71 - Leave Without Pay-Lapse in Appropriations

Military Emergency

68 - Emergency Military Leave

68 - Emergency Military Leave-DC Parade/Encampment

68 - Mil. (Title 39) w/Night Diff

68 - Mil. (Title 39) w/Sun+Night

68 - Mil. (Title 39) w/Sunday Diff

68 - Mil. Emergency w/Night Di

68 - Mil. Emergency w/Sun+Nigh

68 - Mil. Emergency w/Sunday D

68 - Military Emergency Lv, Shift 1

Military Regular

65 - Military Regular w/Sunday Diff

65 - Military Regular, Shift 1

65 - Regular Military Leave

OWCP Injury Leave

61 - Annual Leave OWCP (Illness)

61 - Annual Leave OWCP (Injury)

64 - Compensatory Leave-OWCP (Illness)

64 - Compensatory Leave-OWCP (Injury)

50 - Credit Hours OWCP (Illness)

50 - Credit Hours OWCP (Injury)

Total Hours

Action

Delete

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

Next are the Leave Without Pay, Military and Injury codes. Select next to continue.

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Leave Request Form

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Approved
Denied

Leave Type and Dates

Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type:

Transaction L

Start Date

Month Day Year

Add New Request

Remarks

Submit

Remarks

Approved

Comments

Sick Leave

If you are requesting

None

Illness/Injury

Medical/Physical

Care of family member

Other (Please specify)

69 - Home Leave-MFL w/ Night Diff @ 20%-COPR

Leave Without Pay

71 - FMLA Adoption / Foster Ca

71 - LWOP - Military Emergency

71 - LWOP - Military Leave

71 - LWOP/Humanitarian

71 - Leave Without Pay-Allocating time for TOD

71 - Leave Without Pay-Government Closure

71 - Leave Without Pay-Lapse in Appropriations

Military Emergency

68 - Emergency Military Leave

68 - Emergency Military Leave-DC Parade/Encampment

68 - Mil. (Title 39) w/Night Diff

68 - Mil. (Title 39) w/Sun+Night

68 - Mil. (Title 39) w/Sunday Diff

68 - Mil. Emergency w/Night Diff

68 - Mil. Emergency w/Sun+Night

68 - Mil. Emergency w/Sunday D

68 - Military Emergency Lv, Shift 1

Military Regular

65 - Military Regular w/Sunday Diff

65 - Military Regular, Shift 1

65 - Regular Military Leave

OWCP Injury Leave

61 - Annual Leave OWCP (Illness)

61 - Annual Leave OWCP (Injury)

64 - Compensatory Leave-OWCP (Illness)

64 - Compensatory Leave-OWCP (Injury)

50 - Credit Hours OWCP (Illness)

50 - Credit Hours OWCP (Injury)

Total Hours

Action

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

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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 Date

Month Day Year

Add New Request

Remarks

Submitted

Remarks

Approved

Comments

Sick Leave

If you are requesting

None
 Illness/Injury
 Medical/Care of family
 Care of family
 Other (Please specify)

Leave Without Pay
 71 - FMLA Adoption / Foster Ca
 71 - LWOP - Military Emergency
 71 - LWOP - Military Leave
 71 - LWOP/Humanitarian
 71 - Leave Without Pay-Allocating time for TOD
 71 - Leave Without Pay-Government Closure
 71 - Leave Without Pay-Lapse in Appropriations

Military Emergency
 68 - Emergency Military Leave
 68 - Emergency Military Leave-DC Parade/Encampment
 68 - Mil. (Title 39) w/Night Diff
 68 - Mil. (Title 39) w/Sun+Night
 68 - Mil. (Title 39) w/Sunday Diff
 68 - Mil. Emergency w/Night Diff
 68 - Mil. Emergency w/Sun+Night
 68 - Mil. Emergency w/Sunday D
 68 - Military Emergency Lv, Shift 1

Military Regular
 65 - Military Regular w/Sunday Diff
 65 - Military Regular, Shift 1
 65 - Regular Military Leave

OWCP Injury Leave
 61 - Annual Leave OWCP (Illness)
 61 - Annual Leave OWCP (Injury)
 64 - Compensatory Leave-OWCP (Illness)
 64 - Compensatory Leave-OWCP (Injury)
 50 - Credit Hours OWCP (Illness)
 50 - Credit Hours OWCP (Injury)
 67 - Injury Leave Night Diff @ 15%

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

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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: **Other**

Transaction List

Start Date	Total Hours	Action
Month Day Year		Delete

Remarks

- 63 - Restored Annual Leave-OWCP (Injury)
- 62 - Sick Leave OWCP (Illness)
- 72 - Absence W/Out Official Lv
- 74 - Furlough
- 67 - Injury Leave
- 65 - Military Leave w/Night Di
- 65 - Military Lv w/Sun+Night
- 65 - Military Lv w/Sunday Diff
- 63 - Restored AL W/ Night Diff @ 15% (MIL)
- 63 - Restored Annual Leave
- 63 - Restored Annual Leave (MIL) (1ST SHIFT + SUNDAY) WG-SHIFT-5
- 63 - Restored Annual Leave (MIL) (2ND SHIFT + SUNDAY) WG-SHIFT-6
- 63 - Restored Annual Leave (MIL) (3:00PM TO MIDNIGHT) WG-SHIFT-2
- 63 - Restored Annual Leave (MIL) (3RD SHIFT + SUNDAY) WG-SHIFT-7
- 63 - Restored Annual Leave (MIL) (7:00AM TO 3:00PM) WG-SHIFT-1
- 63 - Restored Annual Leave (MIL) (11:00PM TO 8:00AM) WG-SHIFT-3
- 63 - Restored Annual Leave (MIL) (WITH 2 OR MORE SHIFTS) WG-SHIFT-4
- 63 - Restored Annual Leave Donated
- 63 - Restored Annual Leave w/Night Diff
- 63 - Restored Annual Leave-FMLA
- 63 - Restored Annual Leave-MFL
- 63 - Restored Annual Leave-MFL w/ Night Diff @ 15%-COBRA-COPR
- 63 - Restored Annual Leave-MFL w/ Night Diff @ 15%-COPR
- 63 - Restored Annual Leave-MFL w/ Night Diff @ 20%
- 63 - Restored Annual Leave-MFL w/ Night Diff @ 20%-COBRA
- 63 - Restored Annual Leave-MFL w/ Night Diff @ 20%-COBRA-COPR
- 63 - Restored Annual Leave-MFL w/ Sunday Diff @ 50%
- 63 - Restored Annual w/Sun+Night
- 63 - Restored Annual, Shift 1

Sick Leave

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

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

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.

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Slide notes

Here, we see the leave transactions in the "Other" category. 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:

Transaction L

Start Date

Month Day Y

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

63 - Restored Annual Leave-OWCP (Injury)

62 - Sick Leave OWCP (Illness)

Other

72 - Absence W/Out Official Lv

74 - Furlough

67 - Injury Leave

65 - Military Leave w/Night Di

65 - Military Lv w/Sun+Night

65 - Military Lv w/Sunday Diff

63 - Restored AL W/ Night Diff @ 15% (MIL)

63 - Restored Annual Leave

63 - Restored Annual Leave (MIL) (1ST SHIFT + SUNDAY) WG-SHIFT-5

63 - Restored Annual Leave (MIL) (2ND SHIFT + SUNDAY) WG-SHIFT-6

63 - Restored Annual Leave (MIL) (3:00PM TO MIDNIGHT) WG-SHIFT-2

63 - Restored Annual Leave (MIL) (3RD SHIFT + SUNDAY) WG-SHIFT-7

63 - Restored Annual Leave (MIL) (7:00AM TO 3:00PM) WG-SHIFT-1

63 - Restored Annual Leave (MIL) (11:00PM TO 8:00AM) WG-SHIFT-3

63 - Restored Annual Leave (MIL) (WITH 2 OR MORE SHIFTS) WG-SHIFT-4

63 - Restored Annual Leave Donated

63 - Restored Annual Leave w/Night Diff

63 - Restored Annual Leave-FMLA

63 - Restored Annual Leave-MFL

63 - Restored Annual Leave-MFL w/ Night Diff @ 15%-COBRA-COPR

63 - Restored Annual Leave-MFL w/ Night Diff @ 15%-COPR

63 - Restored Annual Leave-MFL w/ Night Diff @ 20%

63 - Restored Annual Leave-MFL w/ Night Diff @ 20%-COBRA

63 - Restored Annual Leave-MFL w/ Night Diff @ 20%-COBRA-COPR

63 - Restored Annual Leave-MFL w/ Sunday Diff @ 50%

63 - Restored Annual w/Sun+Night

63 - Restored Annual, Shift 1

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

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Employee

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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 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
- Care of family member
- Other (Please specify)

62 - Sick Leave OWCP (Illness)

72 - Absence W/Out Official Lv

74 - Furlough

67 - Injury Leave

65 - Military Leave w/Night Diff

65 - Military Lv w/Sun+Night

65 - Military Lv w/Sunday Diff

63 - Restored AL W/ Night Diff @ 15% (MIL)

63 - Restored Annual Leave

63 - Restored Annual Leave (MIL) (1ST SHIFT + SUNDAY) WG-SHIFT-5

63 - Restored Annual Leave (MIL) (2ND SHIFT + SUNDAY) WG-SHIFT-6

63 - Restored Annual Leave (MIL) (3:00PM TO MIDNIGHT) WG-SHIFT-2

63 - Restored Annual Leave (MIL) (3RD SHIFT + SUNDAY) WG-SHIFT-7

63 - Restored Annual Leave (MIL) (7:00AM TO 3:00PM) WG-SHIFT-1

63 - Restored Annual Leave (MIL) (11:00PM TO 8:00AM) WG-SHIFT-3

63 - Restored Annual Leave (MIL) (WITH 2 OR MORE SHIFTS) WG-SHIFT-4

63 - Restored Annual Leave Donated

63 - Restored Annual Leave w/Night Diff

63 - Restored Annual Leave-FMLA

63 - Restored Annual Leave-MFL

63 - Restored Annual Leave-MFL w/ Night Diff @ 15%-COBRA-COPR

63 - Restored Annual Leave-MFL w/ Night Diff @ 15%-COPR

63 - Restored Annual Leave-MFL w/ Night Diff @ 20%

63 - Restored Annual Leave-MFL w/ Night Diff @ 20%-COBRA

63 - Restored Annual Leave-MFL w/ Night Diff @ 20%-COBRA-COPR

63 - Restored Annual Leave-MFL w/ Sunday Diff @ 50%

63 - Restored Annual w/Sun+Night

63 - Restored Annual, Shift 1

63 - Restored Annual, 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

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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 Date

Month Day Y

Add New R

Remarks

Submit

Remarks

Approve

Comments

Sick Leave

If you are re

- None
- Illness/in
- Medical/c
- Care of f
- Care of f
- Other (P

60 - Comp Used/Religious Shift
 60 - Comp Used/Religious Shift 1
 60 - Comp Used/Religious Shift 3

Sick Leave
 62 - Adoption
 62 - FFLA-FFSL Extended
 62 - FFLA-FFSL General w/FMLA
 62 - FMLA Sick
 62 - Family Friendly Sick + Ni
 62 - Family Friendly Sick Leave
 62 - Family Friendly Sick Leave
 62 - Family Friendly Sick Leave w/ Night Diff @ 15% (COPR) (MIL)
 62 - Family Friendly Sick Lv S
 62 - Family Friendly Sick Lv Sft 1
 62 - Federal Employees Family Friendly Leave Act-Extended w/FMLA
 62 - Federal Employees Family Friendly Leave Act-MFL Shift 1
 62 - Federal Employees Family Friendly Leave Act-MFL Shift 2
 62 - Federal Employees Family Friendly Leave Act-MFL Shift 3
 62 - Federal Employees Family Friendly Leave Act-MFL Shift 4
 62 - Federal Employees Family Friendly Leave Act-MFL Shift 5
 62 - Federal Employees Family Friendly Leave Act-MFL Shift 6
 62 - Federal Employees Family Friendly Leave Act-MFL Shift 7
 62 - Hospitalization / Surgery
 62 - Sick Leave
 62 - Sick Leave (1ST SHIFT + SUNDAY) WG-SHIFT-5 (MIL)
 62 - Sick Leave (2ND SHIFT + SUNDAY) WG-SHIFT-6 (MIL)
 62 - Sick Leave (3:00PM TO MIDNIGHT) WG-SHIFT-2 (MIL)
 62 - Sick Leave (3RD SHIFT + SUNDAY) WG-SHIFT-7 (MIL)
 62 - Sick Leave (11:00PM TO 8:00AM) WG-SHIFT-3 (MIL)
 62 - Sick Leave (7:00AM TO 3:00PM) WG-SHIFT-1 (MIL)

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

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Leave Request Form Pending Approved Denied

Leave Type and Dates Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type: **Sick Leave**

Transaction Log

Start Date	Total Hours	Action
Month Day Year		Delete

Remarks

Sick Leave

If you are requesting Sick Leave, please select the appropriate code from the dropdown menu.

None
 Illness/Injury
 Medical/Professional
 Care of family member
 Care of self
 Other (Please specify)

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

And finally, the Sick Leave codes. In this example, we are going to close the menu, then re-open, and select Annual Leave for this request. Select next to continue.

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Employee

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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

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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: Admin/Excused Absence

Transaction L 66 - 1995/1996 Furlough

Start Date 66 - Admin Excused w/Night Dif

Month Day Year 66 - Admin Leave Pending Case

Add New R

Remarks

Submit 66 - Admin for Volunteering

Remarks 66 - Admin/Exc. Absence w/Sund

Approved 66 - Admin/Exc. Absence/Sun+Ni

Comments 66 - Blood Donation

Sick Leave

If you are re 66 - Bone Marrow + Sunday Dif

None 66 - Bone Marrow w/Sun + Night

Illness/in 66 - BoneMarrow/OrganDonor Lea

Medical/ 66 - Change of Duty Station

Care of f 66 - Court Leave

Care of f 66 - Court Leave + Sunday Dif

Other (P 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

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**

- 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

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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Employee

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

Leave Request Form

Leave Type and Dates
Employee: MILLER, SAMANTHA

Leave Type: 66 - Other Leave-State Holiday

Transaction L

Start Date

Month Day Year

Add New R

Remarks

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Sick Leave

If you are re

None

Illness/in

Medical/

Care of f

Care of f

Other (P

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

Pending Approved Denied

Leave Balance Calculator

Total Hours	Action
0	Delete

Slide notes

Slide 60 - Slide 60

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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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

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

When you select a Leave Type, note that the Current Leave Balance section updates to reflect the type of leave, and the balance for this type. This can be helpful when planning your leave requests. Next, we will change the type of leave from Annual, to Sick. 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: Annual Leave 64:00

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"/>					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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Employee

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Leave Request Form

Pending
Approved
Denied

Leave Type and Dates

Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type: 61 - Annual Leave

Transaction L

Start Da

Month Day Y

Add New R

Remarks

Submi

Rema

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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

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

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Employee

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Leave Request Form

Pending
Approved
Denied

Leave Type and Dates

Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type: 61 - Annual Leave

Transaction L

Start Da

Month Day Y

Add New R

Remarks

Submi

Rema

Appr

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Sick Leave

If you are re

None

Illness/in

Medical/

Care of f

Care of f

Other (P

61 - 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

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

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Employee

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Leave Request Form

Pending
Approved
Denied

Leave Type and Dates

Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type: 61 - Annual Leave

Transaction L: 60 - Comp Used/Religious Shift 1

60 - Comp Used/Religious Shift 3

Sick Leave

Start Date: 62 - Adoption

Month Day Year: 62 - FFLA-FFSL Extended

62 - FFLA-FFSL General w/FMLA

62 - FMLA Sick

62 - Family Friendly Sick + Ni

62 - Family Friendly Sick Leave

62 - Family Friendly Sick Leave

62 - Family Friendly Sick Leave w/ Night Diff @ 15% (COPR) (MIL)

62 - Family Friendly Sick Lv S

62 - Family Friendly Sick Lv Sft 1

62 - Federal Employees Family Friendly Leave Act-Extended w/FMLA

62 - Federal Employees Family Friendly Leave Act-MFL Shift 1

62 - Federal Employees Family Friendly Leave Act-MFL Shift 2

62 - Federal Employees Family Friendly Leave Act-MFL Shift 3

62 - Federal Employees Family Friendly Leave Act-MFL Shift 4

62 - Federal Employees Family Friendly Leave Act-MFL Shift 5

62 - Federal Employees Family Friendly Leave Act-MFL Shift 6

62 - Federal Employees Family Friendly Leave Act-MFL Shift 7

62 - Hospitalization / Surgery

62 - Sick Leave

62 - Sick Leave (1ST SHIFT + SUNDAY) WG-SHIFT-5 (MIL)

62 - Sick Leave (2ND SHIFT + SUNDAY) WG-SHIFT-6 (MIL)

62 - Sick Leave (3:00PM TO MIDNIGHT) WG-SHIFT-2 (MIL)

62 - Sick Leave (3RD SHIFT + SUNDAY) WG-SHIFT-7 (MIL)

62 - Sick Leave (11:00PM TO 8:00AM) WG-SHIFT-3 (MIL)

62 - Sick Leave (7:00AM TO 3:00PM) WG-SHIFT-1 (MIL)

62 - Sick Leave (WITH 2 OR MORE SHIFTS) WG-SHIFT-4 (MIL)

Total Hours	Action
	<input type="button" value="Delete"/>

Remarks

Submit:

Remarks:

Approved:

Comments:

Sick Leave

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

- None
- Illness/injury
- Medical/physical condition
- Care of family member
- Care of family member with a serious health condition
- Other (Please specify 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.

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