

Slide 65 - Slide 65

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: 62 - Sick Leave

Transaction Leave Balance: Sick Leave 76:00

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

Note that the balance adjusted based on the change in leave type. Let's switch back to Annual Leave. Select next to continue.

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WEBTA™

Employee

Inbox [11] | Settings | Help | Log Out

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Leave Request Form

Pending
Approved
Denied

Leave Type and Dates

Leave Balance Calculator

Employee: MILLER, SAMANTHA

Leave Type: 62 - Sick Leave

Transaction Leave Balance: Sick Leave 76:00

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)

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: 62 - Sick Leave

Transaction L
Start Da
Month Day Y

Add New R

Remarks

Submi
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Comme

Sick Leave

If you are re

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

62 - Sick Leave

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)

62 - Sick Leave Family Friendly MFL @ 50%

62 - Sick Leave Family Friendly MFL w/ Night Diff @ 15% COPR

62 - Sick Leave Family Friendly MFL w/ Night Diff @ 20% COBRA-COPR

62 - Sick Leave Family Friendly MFL w/ Night Diff @ 20% COPR

62 - Sick Leave MFL

62 - Sick Leave MFL Sunday Diff @ 50%

62 - Sick Leave MFL w/ Night Diff @ 15%

62 - Sick Leave MFL w/ Night Diff @ 15% COBRA-COPR

62 - Sick Leave MFL w/ Night Diff @ 15% COPR

62 - Sick Leave MFL w/ Night Diff @ 20%

62 - Sick Leave MFL w/ Night Diff @ 20% COBRA-COPR

62 - Sick Leave MFL w/ Night Diff @ 20% COPR

62 - Sick Leave w/Night Diff

62 - Sick Leave w/Night+Sun Diff

62 - Sick Leave, Shift 1

62 - Sick Leave, Shift 3

62 - Sick Sun+Night-FamilyFriendly

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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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: 62 - Sick Leave

Transaction L
Start Da
Month Day Y

Add New R

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)

62 - Sick Leave Family Friendly MFL @ 50%

62 - Sick Leave Family Friendly MFL w/ Night Diff @ 15% COPR

62 - Sick Leave Family Friendly MFL w/ Night Diff @ 20% COBRA-COPR

62 - Sick Leave Family Friendly MFL w/ Night Diff @ 20% COPR

62 - Sick Leave MFL

62 - Sick Leave MFL Sunday Diff @ 50%

62 - Sick Leave MFL w/ Night Diff @ 15%

62 - Sick Leave MFL w/ Night Diff @ 15% COBRA-COPR

62 - Sick Leave MFL w/ Night Diff @ 15% COPR

62 - Sick Leave MFL w/ Night Diff @ 20%

62 - Sick Leave MFL w/ Night Diff @ 20% COBRA-COPR

62 - Sick Leave MFL w/ Night Diff @ 20% COPR

62 - Sick Leave w/Night Diff

62 - Sick Leave w/Night+Sun Diff

Total Hours

Action

Delete

Remarks

Submi
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Appr
Comme

Sick Leave

If you are re

- None
- Illness/in
- Medical/c
- 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

Slide notes

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

Employee Main Menu > Leave Requests >

Pending Approved Denied

Leave Request Form

Leave Balance Calculator

Leave Type and Dates
Employee: MILLER, SAMANTHA

Leave Type: 62 - Sick Leave

Transaction L: 66 - Voting w/Night Diff
66 - Voting w/Sunday Diff
66 - Voting w/Sunday+Night Diff

Start Date: **Annual Leave**

Month Day Year	Total Hours	Action
		Delete

Remarks

- 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

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

Slide notes

Slide 70 - Slide 70

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: 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

While displaying the current leave balance is helpful in many cases, what if you are requesting leave beyond the current pay period, and want to know what your balance will be as of a future date? The Leave Balance Calculator will display the number of available hours for a particular leave type on a given date. Select next to continue.

Slide 71 - Slide 71

WEBTA™

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

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

Leave Request Form

Pending
Approved
Denied

Leave Type and Dates

Employee: MILLER, SAMANTHA

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

[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)

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

Slide 72 - Slide 72

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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Start Date: Month Day Year

Leave Balance Calculator

Leave Type: [Dropdown]

Date: Month Day Year

Calculate

Estimated Balance: 0:00

Note: Balance includes Pending and Approved Leave Requests.

Remarks

Submitter Remarks: [Text Area]

Approver Comments: [Text Area]

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.

Next >>

Slide notes

First, select the leave type you are interested in viewing by selecting the Leave Type dropdown menu. In this example, we are going to select Annual Leave. Select next to continue.

Slide 73 - Slide 73

The screenshot shows the WEBTA Employee interface for a Leave Request Form. The main page has a header with the WEBTA logo, 'Employee' tab, and navigation links for 'Inbox [11]', 'Settings', 'Help', and 'Log Out'. Below the header is a breadcrumb trail: 'Employee Main Menu > Leave Requests >'. The form title is 'Leave Request Form' with a progress indicator showing 'Pending', 'Approved', and 'Denied' stages. The 'Leave Type and Dates' section shows the employee as 'MILLER, SAMANTHA' and the leave type as '61 - Annual Leave'. A 'Transaction Leave Balance' of 'Annual Leave 64:00' is displayed. A 'Leave Balance Calculator' button is present. A popup window titled 'Leave Balance Calculator' is open, showing a 'Leave Type' dropdown, a 'Date' field, and a 'Calculate' button. The estimated balance is '0:00' and a note states 'Balance includes Pending and Approved Leave Requests.' The main form also includes a 'Remarks' section with fields for 'Submitter', 'Remarks', 'Approver', and 'Comments'. Below the remarks is the 'Sick Leave Purpose' section with a list of radio button options: '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', and 'Other (Provide the reason in Remarks)'. At the bottom is the 'Family and Medical Leave Act' section with a disclaimer: '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

Slide 74 - Slide 74

The screenshot shows the WEBTA Employee Leave Request Form. At the top, there is a navigation bar with 'WEBTA™ Employee' on the left and 'Inbox [11] | Settings | Help | Log Out' on the right. Below the navigation bar, the breadcrumb 'Employee Main Menu > Leave Requests >' is visible. The main heading is 'Leave Request Form', with status indicators for 'Pending', 'Approved', and 'Denied'. The 'Leave Type and Dates' section shows 'Employee: MILLER, SAMANTHA' and 'Leave Type: 61 - Annual Leave'. A 'Leave Balance Calculator' button is present. A modal window titled 'Leave Balance Calculator' is open, displaying a list of leave types. The list includes 'Admin/Excused Absence' and various other categories like '1995/1996 Furlough', 'Blood Donation', 'Federal Holiday', etc. The background form shows fields for 'Start Date', 'Remarks', and 'Sick Leave Purpose'.

Slide notes

Slide 75 - Slide 75

The screenshot shows the WEBTA Employee interface. At the top, there is a navigation bar with 'WEBTA™ Employee' on the left and 'Inbox [11] | Settings | Help | Log Out' on the right. Below this is a breadcrumb trail: 'Employee Main Menu > Leave Requests >'. The main heading is 'Leave Request Form'. On the right side of the form, there are three status indicators: 'Pending', 'Approved', and 'Denied', each with a radio button. A 'Leave Balance Calculator' button is also present. The form fields include: 'Employee: MILLER, SAMANTHA', 'Leave Type: 61 - Annual Leave', and 'Transaction Leave Balance: Annual Leave 64:00'. A 'Leave Balance Calculator' modal window is open, displaying a list of leave types. The list is headed 'Admin/Excused Absence' and includes items such as '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', and '66 - Other Leave - Shift'. The background form shows sections for 'Remarks' (with fields for Submitter, Approver, and Comments), 'Sick Leave Purpose' (with radio buttons for 'None', 'Illness/injury/incapacitation of requestor', 'Medical/dental/optical examination of requestor', 'Care of family member, including medical care', and 'Other (Provide the reason in Remarks)'), and 'Family and Medical Leave Act' (with a note to contact a supervisor).

Slide notes

Slide 76 - Slide 76

The screenshot shows the WEBTA Employee Leave Request Form. At the top, there is a navigation bar with 'WEBTA™ Employee' and 'Inbox [11] | Settings | Help | Log Out'. Below this, the breadcrumb 'Employee Main Menu > Leave Requests >' is visible. The main heading is 'Leave Request Form', with status indicators for 'Pending', 'Approved', and 'Denied'. A 'Leave Balance Calculator' button is present in the top right.

The form fields include:

- Leave Type and Dates:** Employee: MILLER, SAMANTHA; Leave Type: 61 - Annual Leave.
- Transaction Leave Balance:** Annual Leave 64:00.

A 'Leave Balance Calculator' modal window is open, displaying a list of leave types. The list includes:

- 66 - Time Off Award
- 66 - Time Off Award w/Night Diff
- 66 - Time Off/Incent w/Sun+Night
- 66 - Time Off/Incent w/Sunday
- 66 - Time Off/Incentive, Shift 1
- 66 - Voting
- 66 - Voting w/Night Diff
- 66 - Voting w/Sunday Diff
- 66 - Voting w/Sunday+Night Diff
- Annual Leave** (highlighted in blue)
- 61 - Annual Leave (highlighted in red)
- 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)

Other form sections visible include:

- Remarks:** Submitter, Remarks, Approver, Comments.
- Sick Leave Purpose:** If you are requesting sick leave, you must select a purpose from a list of radio buttons (None, Illness/injury/incapacitation of requester, Medical/dental/optical examination of requester, Care of family member, including medical care, Care of family member with a serious health condition, Other).
- Family and Medical Leave Act:** Contact your supervisor and/or your personnel manager for more information regarding 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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Leave Balance Calculator [Close]

Start Date: Month Day Year

Leave Type: 61 - Annual Leave

Date: Month Day Year [Calendar Icon]

Calculate

Estimated Balance: 0:00

Note: Balance includes Pending and Approved Leave Requests.

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

Next, enter the date for which you wish to calculate the balance, or use the calendar icon to select a date. In this example, we are going to select the calendar icon, and skip to the month of July, and select July 31st. Select next to continue.

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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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Leave Balance Calculator

Start Date: Month Day Year

Leave Type: 61 - Annual Leave

Date: Month Day Year

Estimated Balance: 0:00

Note: Balance includes Pending and Approved Leave Requests.

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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Leave Balance Calculator [X]

Leave Type: 61 - Annual Leave

Date: []

Estimated Balance: []

March 2014						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	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					

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

USDA Employee webTA Leave Requests

Slide 80 - Slide 80

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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Start Date: **Leave Balance Calculator**

Month Day Year

Leave Type: 61 - Annual Leave

Date: [Date Picker]

Estimated Balance:

April 2014						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
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			

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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Leave Balance Calculator [X]

Leave Type: 61 - Annual Leave

Date: []

Estimated Balance: []

May 2014						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	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

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

Slide 82 - Slide 82

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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Leave Balance Calculator

Leave Type: 61 - Annual Leave

Date:

←
June 2014
→

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	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					

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

USDA Employee webTA Leave Requests

Slide 83 - Slide 83

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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Start Date: Leave Balance Calculator

Month Day Year

Leave Type: 61 - Annual Leave

Date:

Estimated Balance:

July 2014						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
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		

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

<http://webta.kronosfederal.com/nfchost8/FederalLeaveRequestsForRoleGro...> Additional information about your entitlements and responsibilities under the FMLA. Medical agency. If annual, sick, or leave without pay will be used under the Family and Medical Leave Act

Slide notes

Slide 84 - Slide 84

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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Start Date: **Leave Balance Calculator**

Month Day Year

Add New Row

Remarks

Submitter

Remarks:

Approver

Comments:

Leave Type: 61 - Annual Leave

Date: 07/31/2014

Estimated Balance: 0:00

Calculate

Select the Calculate button

Note: Balance includes Pending and Approved Leave Requests.

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

Finally, select the Calculate button to view your projected balance as of that date.

Slide 85 - Slide 85

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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Start Date

Month Day Year

Add New Row

Leave Balance Calculator

Leave Type: 61 - Annual Leave

Date: 07/31/2014

Calculate

Estimated Balance: 92:00

Note: Balance includes Pending and Approved Leave Requests.

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

Note that the balance updated to 92 hours. As the note mentions, the displayed balance include any pending and approved leave requests.

Let's select another date. In this example, we will select August 29th. Select next to continue.

Slide 86 - Slide 86

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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Start Date

Month Day Year

Add New Row

Leave Balance Calculator

Leave Type: 61 - Annual Leave

Date: 07/31/2014

Calculate

Estimated Balance: 92:00

Note: Balance includes Pending and Approved Leave Requests.

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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Start Date
Leave Balance Calculator
✕

Leave Type: 61 - Annual Leave

Date: 07/31/2014

Estimated Balance:

July 2014						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
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		

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

Slide 88 - Slide 88

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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Leave Balance Calculator

Start Date: Month Day Year

Leave Type: 61 - Annual Leave

Date: 07/31/2014

Estimated Balance:

August 2014						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	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						

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

Additional information about your entitlements and responsibilities under the FMLA. Medical leave, if annual, sick, or leave without pay will be used under the Family and Medical Leave Act.

Slide notes

Slide 89 - Slide 89

The screenshot shows the WEBTA Employee interface. At the top, there's a navigation bar with 'WEBTA™ Employee' and 'Inbox [11] | Settings | Help | Log Out'. Below that, a breadcrumb trail reads 'Employee Main Menu > Leave Requests >'. The main heading is 'Leave Request Form', with status indicators for 'Pending', 'Approved', and 'Denied'. A 'Leave Balance Calculator' button is visible in the top right of the form area.

The 'Leave Type and Dates' section shows 'Employee: MILLER, SAMANTHA' and 'Leave Type: 61 - Annual Leave'. The 'Transaction Leave Balance' is 'Annual Leave 64:00'. A modal window titled 'Leave Balance Calculator' is open, displaying 'Leave Type: 61 - Annual Leave', 'Date: 08/29/2014', and 'Estimated Balance: 92:00'. A red box highlights the 'Calculate' button, and a red callout box with the text 'Select the Calculate button' points to it. A note at the bottom of the modal states: 'Note: Balance includes Pending and Approved Leave Requests.'

Below the modal, there are sections for 'Remarks' (with fields for Submitter, Remarks, Approver, and Comments), 'Sick Leave Purpose' (with radio button options: 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, and Other (Provide the reason in Remarks)), and 'Family and Medical Leave Act' (with a note about FMLA certification).

Slide notes

Select the Calculate button to update the balance as of that date.

Slide 90 - Slide 90

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: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 64:00

Leave Balance Calculator

Start Date: Month Day Year

Leave Type: 61 - Annual Leave

Date: 08/29/2014

Calculate

Estimated Balance: 100:00

Note: Balance includes Pending and Approved Leave Requests.

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

Next >>

Slide notes

Note that the balance has updated based on the change in date. To close the Calculator select the X in the upper right corner of the calculator window. Select next to continue.