

USDA Employee webTA Leave Requests

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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 Leave Balance: Annual Leave 64:00

Leave Balance Calculator (Pop-up window)

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

<http://webta.kronosfederal.com/nfchost8/FederalLeaveRequestsForRoleGro...> onal information about your entitlements and responsibilities under the FMLA. Medical lency. 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: 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:

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- 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

Slide notes

The next step in submitting a leave request is to enter the start and end dates. Just like with the Leave Balance Calculator, you can type the dates directly into the appropriate fields, or, you can select the calendar icons and select from the calendar. You can request leave in future pay periods, but the dates requested must all be within the same pay period.

In other words, you should not have dates from two or more pay periods in the same request. A separate request should be submitted. In this example, we are going to select March 31st as our start date, and April 2nd as our end date. Select next to continue.

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Leave Request Form

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Leave Type and Dates

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Employee: MILLER, SAMANTHA

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Month Day Year	Month Day Year	<input type="checkbox"/>					Delete

Add New Row

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Remarks:

Approver:

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Leave Request Form

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Transaction Leave Balance: Annual Leave 64:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
03/31/2014	Month Day Year	<input type="checkbox"/>					Delete

Add New Row

Remarks

Submitter:

Remarks:

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Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
03/31/2014		<input type="checkbox"/>					Delete

Add New Row

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

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03/31/2014	03/31/2014	<input type="checkbox"/>					Delete

[Add New Row](#)

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: _____

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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

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Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
03/31/2014	04/02/2014	<input type="checkbox"/>					Delete

[Add New Row](#)

Remarks

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Slide notes

You can enter start and stop times into the appropriate fields if you are requesting a partial day's worth of leave. If you are requesting a full day, or multiple full days, select the All Day checkbox, or enter the number of hours you work on a regular day into the Daily Hours field, and webTA will apply that total to the days you have entered.

For example, if you are on a standard, 8 hour day, and wanted to request 3 full day's worth of leave, you would enter 8 into the Daily Hours field. If you have an approved Schedule, webTA will automatically deduct the scheduled meal time according to the Schedule.

If you do not have an approved schedule, the meal time will not be deducted, and the hours may not calculate as expected. If you do not have an approved Schedule, use the Daily Hours field and enter the total number of Leave hours being requested. Select next to continue.

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Add New Row

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Leave Request Form

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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
03/31/2014	04/02/2014	<input type="checkbox"/>			8		Delete

Add New Row

Remarks

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Remarks:

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03/31/2014	04/02/2014	<input type="checkbox"/>			8		Delete

Add New Row

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Slide notes

Next, we'll scroll to the bottom to find the submit button.

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Leave Request Form

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Slide notes

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Medical/dental/optical examination of requesting employee
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 Other (Provide the reason in Remarks)

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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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Family and Medical Leave Act

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Select the Submit button

Slide notes

Select the Submit button to continue.

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Leave Request Form Pending Approved Denied

Leave request successfully updated

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
Mar 31, 2014	Apr 02, 2014	<input type="checkbox"/>	7:00am	3:00pm	8:00	24:00	Delete

[Add New Row](#)

Remarks

Submitter Remarks:

Approver Comments:

Sick Leave Purpose

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

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[Next >>](#)

Family and Medical Leave Act

Slide notes

Note the message indicating that our request has been updated and that the request now has a status of Pending. Also note that the total hours field has updated to include 24 hours.

Your Supervisor will be notified of your request and will be able to approve or deny the request.

Leave Requests can be modified and re-submitted, as long as they are in the Pending state. Once a request has been approved, your Supervisor would have to revert the request to the pending state for any modifications to be made.

In this example, we are going to edit the request to include some additional time by selecting the Add New Row button. Select next to continue.

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Employee

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Leave Request Form

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Family and Medical Leave Act / LeaveRequest

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Family and Medical Leave Act

Slide notes

You can add as many entries as you like to a single leave request, provided you are requesting the same leave type and that the dates fall within the same Pay Period. If you are interested in using a different type of leave, or if the dates cross multiple Pay periods, a separate request must be submitted.

In this example, we are going to select an additional 4 hours of leave on April 3rd. We will select April 3rd as the Start Date, 7am as the start time and 11am as the end time. Select next to continue.

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Employee

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Leave Request Form

Pending Approved Denied

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Leave Type:

Transaction Leave Balance: Annual Leave 64:00

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Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Mar 31, 2014	Apr 02, 2014	<input type="checkbox"/>	7:00am	3:00pm	8:00	24:00	<input type="button" value="Delete"/>
Month Day Year	Month Day Year	<input type="checkbox"/>					<input type="button" value="Delete"/>

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Family and Medical Leave Act

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Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Mar 31, 2014	Apr 02, 2014	<input type="checkbox"/>	7:00am	3:00pm	8:00	24:00	Delete
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March 2014
1

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					

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

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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 Leave Balance: Annual Leave 64:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Mar 31, 2014	Apr 02, 2014	<input type="checkbox"/>	7:00am	3:00pm	8:00	24:00	<input type="button" value="Delete"/>
Month Day Year	Month Day Year	<input type="checkbox"/>					<input type="button" value="Delete"/>

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			

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Family and Medical Leave Act

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

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Leave Request Form

Pending Approved Denied

Leave Type and Dates

Employee: MILLER, SAMANTHA

Leave Type:

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
Mar 31, 2014	Apr 02, 2014	<input type="checkbox"/>	7:00am	3:00pm	8:00	24:00	Delete
04/03/2014	Month Day Year	<input type="checkbox"/>					Delete

Add New Row

Remarks

Submitter:

Remarks:

Approver:

Comments:

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Family and Medical Leave Act

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Leave Request Form

Pending Approved Denied

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Employee: MILLER, SAMANTHA

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Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Mar 31, 2014	Apr 02, 2014	<input type="checkbox"/>	7:00am	3:00pm	8:00	24:00	Delete
04/03/2014	Month Day Year	<input type="checkbox"/>	7am				Delete

Add New Row

Remarks

Submitter:

Remarks:

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Family and Medical Leave Act

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Leave Request Form

Pending Approved Denied

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Employee: MILLER, SAMANTHA

Leave Type:

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
Mar 31, 2014	Apr 02, 2014	<input type="checkbox"/>	7:00am	3:00pm	8:00	24:00	Delete
04/03/2014	Month Day Year	<input type="checkbox"/>	7am				Delete

Add New Row

Remarks

Submitter:

Remarks:

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Family and Medical Leave Act

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Leave Request Form

Pending Approved Denied

Leave Type and Dates

Employee: MILLER, SAMANTHA

Leave Type:

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
Mar 31, 2014	Apr 02, 2014	<input type="checkbox"/>	7:00am	3:00pm	8:00	24:00	Delete
04/03/2014	Month Day Year	<input type="checkbox"/>	7:00am	11am			Delete

Add New Row

Remarks

Submitter:

Remarks:

Approver:

Comments:

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Family and Medical Leave Act

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Leave Request Form

Pending Approved Denied

Leave Type and Dates

Employee: MILLER, SAMANTHA

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Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Mar 31, 2014	Apr 02, 2014	<input type="checkbox"/>	7:00am	3:00pm	8:00	24:00	Delete
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Family and Medical Leave Act

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Leave Request Form

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Approved
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Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
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04/03/2014	Month Day Year	<input type="checkbox"/>	7:00am	11:00am			Delete

Add New Row

Remarks

Submitter
Remarks:

Approver
Comments:

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- Other (Provide the reason in Remarks)

Next >>

Family and Medical Leave Act

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Next, we will scroll to the bottom of the page to display the Submit button. Select next to continue.

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Leave Request Form

Pending Approved Denied

Leave Type and Dates

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Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Mar 31, 2014	Apr 02, 2014	<input type="checkbox"/>	7:00am	3:00pm	8:00	24:00	Delete
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Add New Row

Remarks

Submitter:

Remarks:

Approver:

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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

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Transaction Leave Balance: Annual Leave 64:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
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04/03/2014	Month Day Year	<input type="checkbox"/>	7:00am	11:00am			Delete

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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

Slide notes

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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.

Activity Log

Action	Resulting State	Date	Name
Submit	Pending	03/25/2014 10:32 AM	MILLER, SAMANTHA

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