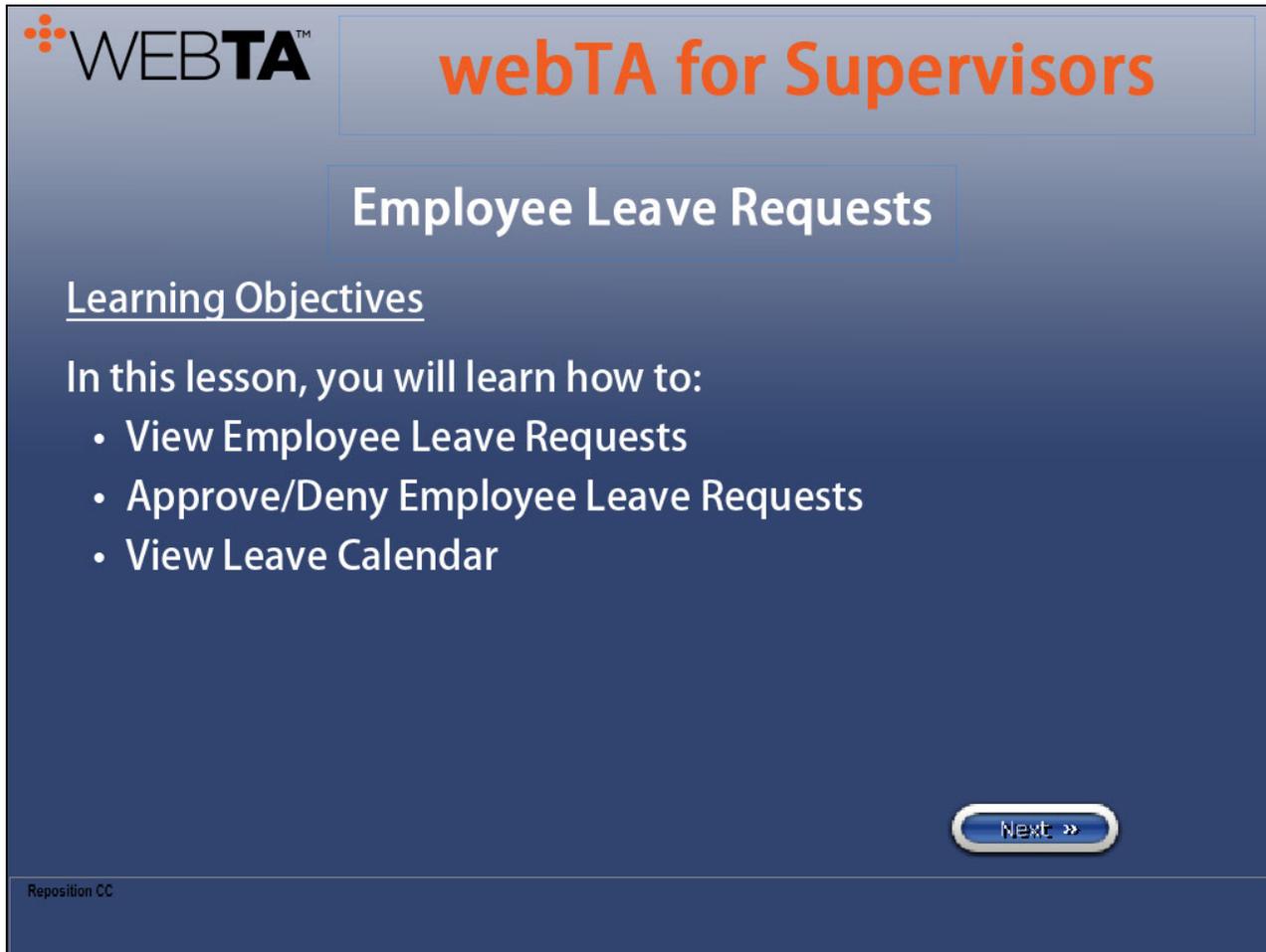


**Slide 1 - Learning Objectives**



The slide features a dark blue background with a gradient. In the top left corner is the WEBTA logo, consisting of four orange dots in a square pattern followed by the text 'WEBTA™'. To the right of the logo, the title 'webTA for Supervisors' is written in a large, bold, orange font. Below this, the subtitle 'Employee Leave Requests' is written in a white, bold font. Underneath the subtitle, the text 'Learning Objectives' is written in a white font and underlined. Below the underlined text, the phrase 'In this lesson, you will learn how to:' is written in white. This is followed by a bulleted list of three items: 'View Employee Leave Requests', 'Approve/Deny Employee Leave Requests', and 'View Leave Calendar'. In the bottom right corner, there is a white button with a blue border and the text 'Next »'. In the bottom left corner, the text 'Reposition CC' is written in a small white font.

**WEBTA™**

# webTA for Supervisors

## Employee Leave Requests

Learning Objectives

In this lesson, you will learn how to:

- View Employee Leave Requests
- Approve/Deny Employee Leave Requests
- View Leave Calendar

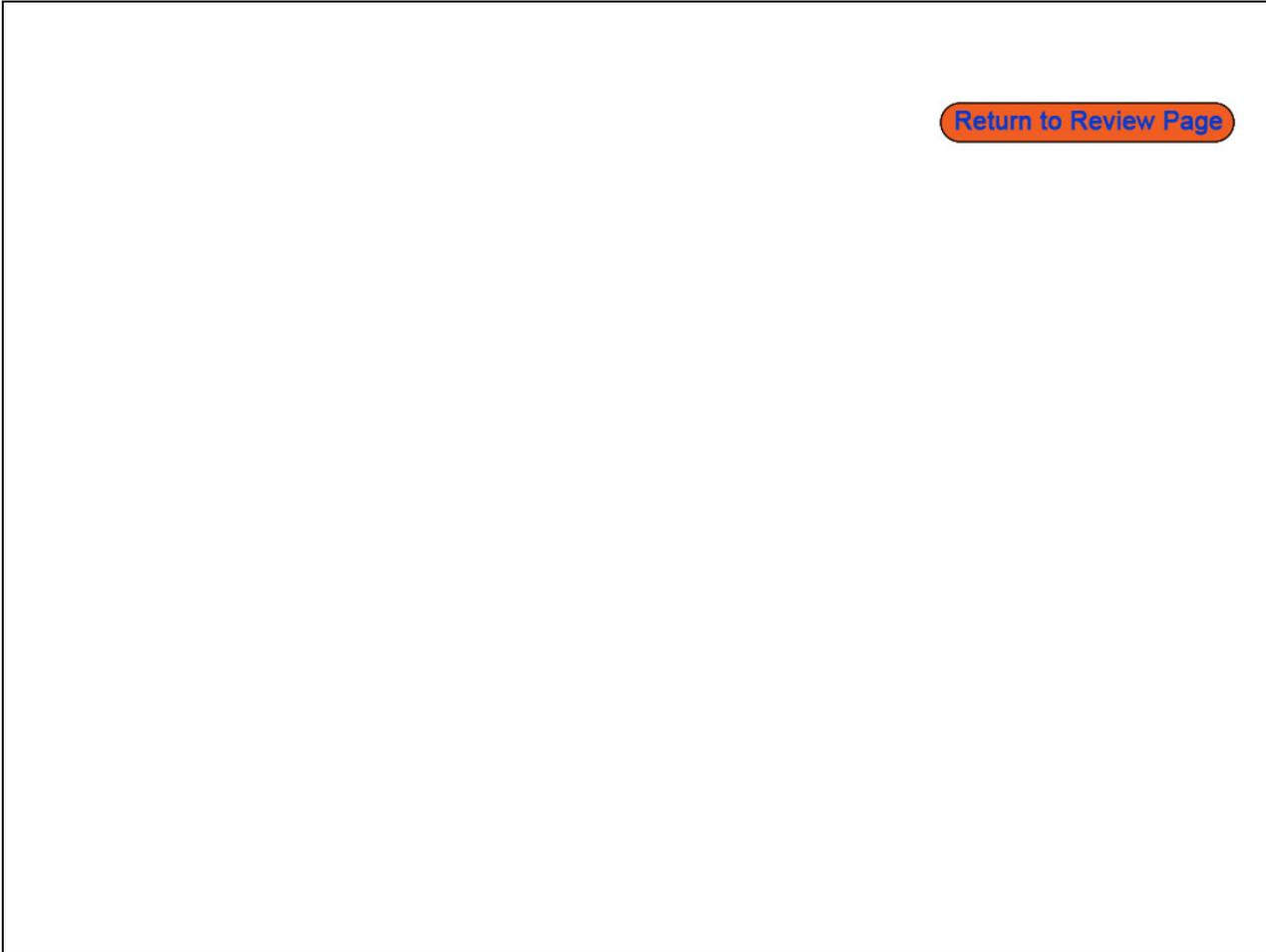
Next »

Reposition CC

**Slide notes**

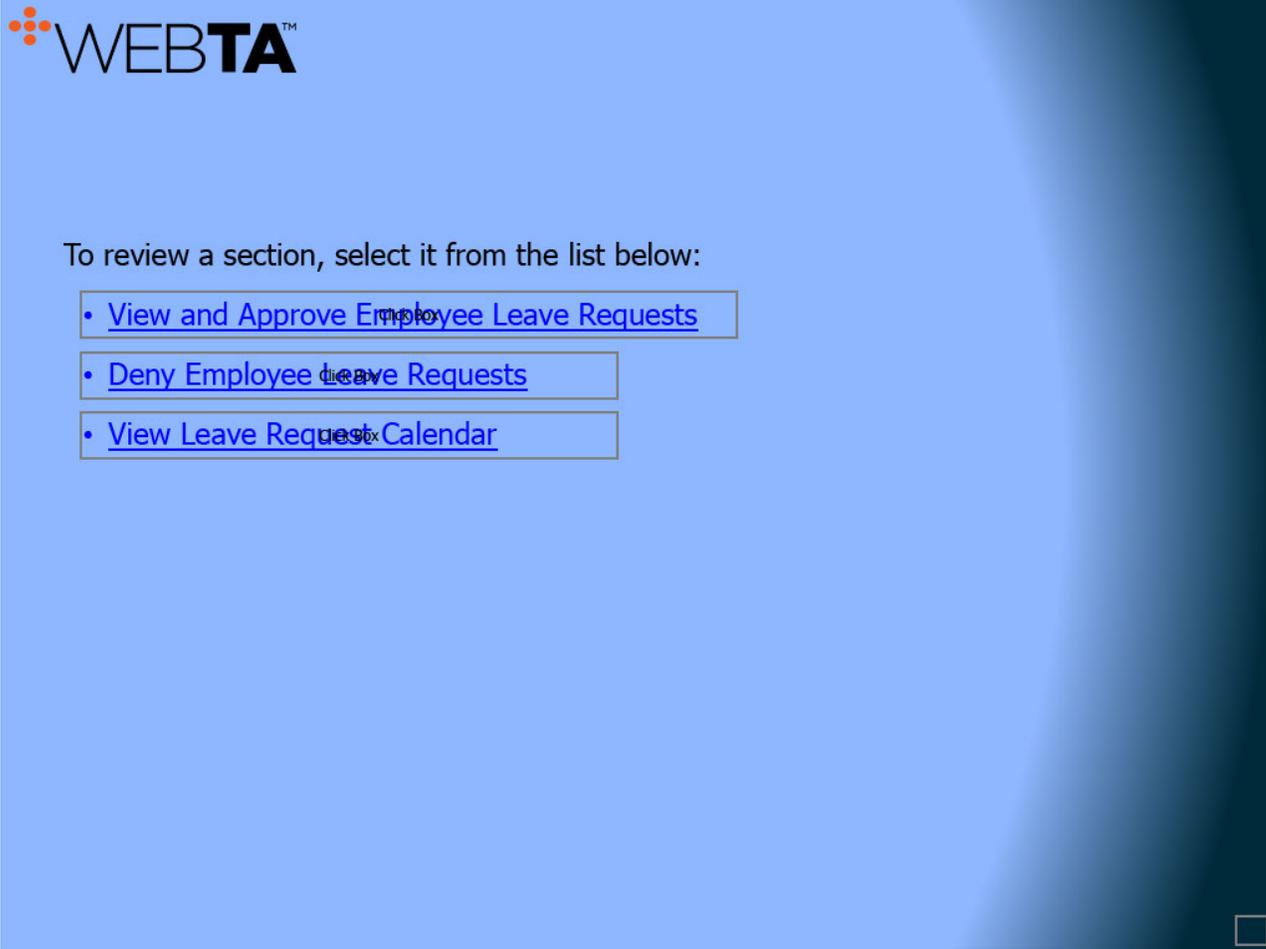
Welcome to the webTA for Supervisors training course. Please review the objectives listed here and when you are ready to continue, select the Next button.

**Slide 2 - Slide 2**



**Slide notes**

**Slide 3 - Review**



The slide features a blue gradient background. In the top left corner is the WEBTA logo, consisting of a cluster of orange dots followed by the text "WEBTA™". Below the logo, the text "To review a section, select it from the list below:" is centered. Underneath this text are three blue-bordered boxes, each containing a bullet point and a blue underlined link. The links are "View and Approve Employee Leave Requests", "Deny Employee Leave Requests", and "View Leave Request Calendar". A small white square is located in the bottom right corner of the slide area.

**WEBTA™**

To review a section, select it from the list below:

- [View and Approve Employee Leave Requests](#)
- [Deny Employee Leave Requests](#)
- [View Leave Request Calendar](#)

**Slide notes**

## Slide 4 - Slide 4

The screenshot displays the 'Supervisor Main Menu' in the webTA application. The interface includes a header with the 'WEBTA' logo, user roles 'Employee' and 'Supervisor', and navigation links for 'Inbox [58]', 'Settings', 'Help', and 'Log Out'. The main menu is organized into several categories:

- Employees**
  - Certify All
  - Select Timesheets
  - Employee Leave Requests
  - Employee Premium Pay Requests
  - Employee Dollar Transaction Requests
- Reports**
  - Reports
  - My Saved and Scheduled Reports
  - Adhoc Report Management
- Telework**
  - Employee Telework Requests
  - Employee Telework Agreements
- Continuation of Pay (COP)**
  - COP Events
- Schedule**
  - Employee Schedules List View
  - Employee Schedules Grid View
  - Schedule Requests
  - Shifts
- Delegates/Reassignment**
  - My Delegates
- Emergency Contacts**
  - Employee Contacts

A 'Next >>' button is located at the bottom right of the menu area.

### Slide notes

Taking action on employee leave requests is easy through webTA. When employees submit a request in webTA, you will receive a message in your Inbox. And when you approve or deny the request, webTA will notify the employee.

Also, upon approval of a leave request, the requested hours will automatically populate to the employee's timesheet. Select next to continue.

## Slide 5 - Slide 5

The screenshot displays the 'Supervisor Main Menu' in the webTA system. At the top, there is a navigation bar with the 'WEBTA™' logo, 'Employee' and 'Supervisor' tabs, and links for 'Inbox [58]', 'Settings', 'Help', and 'Log Out'. The main menu is organized into several sections:

- Employees:** Certify All, Select Timesheets, **Employee Leave Requests** (highlighted), Employee Premium Pay Requests, Employee Dollar Transaction Requests.
- Reports:** Reports, My Saved and Scheduled Reports, Adhoc Report Management.
- Telework:** Employee Telework Requests, Employee Telework Agreements.
- Continuation of Pay (COP):** COP Events.
- Schedule:** Employee Schedules List View, Employee Schedules Grid View, Schedule Requests, Shifts, Delegation/Reassignment, My Delegates.
- Emergency Contacts:** Employee Contacts.

A red callout box with white text points to the 'Employee Leave Requests' link, stating: 'Select the Employee Leave Requests link'.

### Slide notes

When you log into webTA, you will see the menu for the highest role assigned to your profile. In this example, this user is assigned the Supervisor Role, so we see the Supervisor Main Menu. If you have multiple roles assigned to you, use the tabs to access the menu you need.

The “Employee Leave Requests” link allows you to view, approve, or deny leave requests submitted by your employees. To continue, select the Employee Leave Requests link.

Slide 6 - Slide 6

WEBTA™ Employee Supervisor Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu >

Leave Requests - Current

Status	User	Start Date	End Date	Leave Type	Hours	Submission Date	Supervisor	Timekeeper
Pending	DAVIS, BEN	04/11/2014	04/11/2014	Annual Leave	8:00	03/26/2014 11:43 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/04/2014	04/04/2014	Sick Leave	8:00	03/26/2014 11:53 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/07/2014	04/08/2014	Annual Leave	16:00	03/26/2014 11:52 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JONES, JANET	04/04/2014	04/04/2014	Annual Leave	8:00	03/28/2014 02:38 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Approved	MILLER, SAMANTHA	03/31/2014	04/03/2014	Annual Leave	28:00	03/25/2014 10:35 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	MILLER, SAMANTHA	04/04/2014	04/04/2014	Annual Leave	8:00	03/24/2014 02:31 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	WILLIAMS, CHRIS	04/25/2014	04/25/2014	Annual Leave	8:00	03/26/2014 11:44 AM	ROBINSON, WILLIAM	HARRIS, DANIEL

1-7 of 7 Records View [25] [50] [100]

History View Calendar Cancel

Next >>

Slide notes

The Current Leave Requests page displays all Pending, Approved and Denied leave requests for the current and future pay periods. It also will display any Pending requests from past pay periods.

You can also see the key details of each request, including the start and end dates, leave type, number of hours requested, the date the request was submitted, and the employee's supervisor and timekeeper.

You can sort the list of leave requests by selecting the column header. Currently, the list is sorted by the last name of the employee making the request. In this example, we will sort the list by Start Date. Select next to continue.

# USDA Supervisor webTA Employee Leave Requests

## Slide 7 - Slide 7

Employee **Supervisor**Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu >

### Leave Requests - Current

Status	User	Start Date	End Date	Leave Type	Hours	Submission Date	Supervisor	Timekeeper
Pending	DAVIS, BEN	04/11/2014	04/11/2014	Annual Leave	8:00	03/26/2014 11:43 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/04/2014	04/04/2014	Sick Leave	8:00	03/26/2014 11:53 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/07/2014	04/08/2014	Annual Leave	16:00	03/26/2014 11:52 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JONES, JANET	04/04/2014	04/04/2014	Annual Leave	8:00	03/28/2014 02:38 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Approved	MILLER, SAMANTHA	03/31/2014	04/03/2014	Annual Leave	28:00	03/25/2014 10:35 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	MILLER, SAMANTHA	04/04/2014	04/04/2014	Annual Leave	8:00	03/24/2014 02:31 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	WILLIAMS, CHRIS	04/25/2014	04/25/2014	Annual Leave	8:00	03/26/2014 11:44 AM	ROBINSON, WILLIAM	HARRIS, DANIEL

1-7 of 7 Records ◀ ◁ 1 ▷ ▶ View

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

## Slide notes

# USDA Supervisor webTA Employee Leave Requests

## Slide 8 - Slide 8

The screenshot shows the 'Supervisor Main Menu' with a 'Supervisor' role selected. The 'Leave Requests - Current' section displays a table of requests sorted by start date. The table includes columns for Status, User, Start Date, End Date, Leave Type, Hours, Submission Date, Supervisor, and Timekeeper. Below the table are navigation controls for history, calendar, and a 'Next' button.

Status	User	Start Date	End Date	Leave Type	Hours	Submission Date	Supervisor	Timekeeper
<a href="#">Approved</a>	MILLER, SAMANTHA	03/31/2014	04/03/2014	Annual Leave	28:00	03/25/2014 10:35 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
<a href="#">Pending</a>	JOHNSON, MARK	04/04/2014	04/04/2014	Sick Leave	8:00	03/26/2014 11:53 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
<a href="#">Pending</a>	JONES, JANET	04/04/2014	04/04/2014	Annual Leave	8:00	03/28/2014 02:38 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
<a href="#">Pending</a>	MILLER, SAMANTHA	04/04/2014	04/04/2014	Annual Leave	8:00	03/24/2014 02:31 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
<a href="#">Pending</a>	JOHNSON, MARK	04/07/2014	04/08/2014	Annual Leave	16:00	03/26/2014 11:52 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
<a href="#">Pending</a>	DAVIS, BEN	04/11/2014	04/11/2014	Annual Leave	8:00	03/26/2014 11:43 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
<a href="#">Pending</a>	WILLIAMS, CHRIS	04/25/2014	04/25/2014	Annual Leave	8:00	03/26/2014 11:44 AM	ROBINSON, WILLIAM	HARRIS, DANIEL

1-7 of 7 Records      View

[History](#)   [View Calendar](#)   [Cancel](#)

[Next >>](#)

### Slide notes

Note that the list is now sorted by start date.

To view the details of a leave request, select its status link from the list. In this example, we are going to select the second to last request on the list, the Annual Leave request for Ben Davis. Select next to continue.

# USDA Supervisor webTA Employee Leave Requests

## Slide 9 - Slide 9

Employee SupervisorInbox [2] | Settings | Help | Log Out

Supervisor Main Menu >

### Leave Requests - Current

Status	User	Start Date	End Date	Leave Type	Hours	Submission Date	Supervisor	Timekeeper
Approved	MILLER, SAMANTHA	03/31/2014	04/03/2014	Annual Leave	28:00	03/25/2014 10:35 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/04/2014	04/04/2014	Sick Leave	8:00	03/26/2014 11:53 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JONES, JANET	04/04/2014	04/04/2014	Annual Leave	8:00	03/28/2014 02:38 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	MILLER, SAMANTHA	04/04/2014	04/04/2014	Annual Leave	8:00	03/24/2014 02:31 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/07/2014	04/08/2014	Annual Leave	16:00	03/26/2014 11:52 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	DAVIS, BEN	04/11/2014	04/11/2014	Annual Leave	8:00	03/26/2014 11:43 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	WILLIAMS, CHRIS	04/25/2014	04/25/2014	Annual Leave	8:00	03/26/2014 11:44 AM	ROBINSON, WILLIAM	HARRIS, DANIEL

1-7 of 7 Records View [25] [50] [100]

[History](#) [View Calendar](#) [Cancel](#)

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

## Slide notes

Slide 10 - Slide 10

**WEBTA™** Employee Supervisor Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu > Leave Requests >

**Leave Request Form** Pending Approved Denied

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

Employee: DAVIS, BEN

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 24:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 11, 2014	Apr 11, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

**Remarks**

Submitter Remarks:

Approver Comments:  [Update](#)

**Sick Leave Purpose**

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

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

**Family and Medical Leave Act**

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

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

[Next >>](#)

**Slide notes**

Here, you can review the request details, including Leave Type, the employee's balance for that Leave Type, the start and end dates, as well as the number of hours.

The employee is able to enter comments as necessary, in the Submitter Remarks field. As the approver, you can also enter any necessary remarks in the approver field.

If the employee is requesting Sick Leave, they must provide a purpose in the Sick Leave Purpose section. Let's scroll down and look at the rest of the form. Select next to continue.

## Slide 11 - Slide 11

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

---

**Family and Medical Leave Act**

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

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

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

---

**Certification**

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

---

**Privacy Act**

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

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**Activity Log**

Action	Resulting State	Date	Name
Revert to Pending	Pending	03/28/2014 03:21 PM	ROBINSON, WILLIAM
Approve	Approved	03/28/2014 02:44 PM	ROBINSON, WILLIAM
Submit	Pending	03/26/2014 11:43 AM	DAVIS, BEN

## Slide notes

## Slide 12 - Slide 12

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

**Family and Medical Leave Act**

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

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

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

**Certification**

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

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[Next >>](#)

**Activity Log**

Action	Resulting State	Date	Name
Submit	Pending	03/26/2014 11:43 AM	DAVIS, BEN

## Slide notes

If the employee is requesting FMLA leave, they will have completed that section. The Certification and Privacy Act Sections are also included on the form. To approve, we will continue to scroll down. Select next to continue.

## Slide 13 - Slide 13

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

---

**Family and Medical Leave Act**

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

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

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

---

**Certification**

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

---

**Privacy Act**

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**Activity Log**

Action	Resulting State	Date	Name
Submit	Pending	03/26/2014 11:43 AM	DAVIS, BEN

## Slide notes

## Slide 14 - Slide 14

Care of family member with a serious health condition  
 Other (Provide the reason in Remarks)

---

**Family and Medical Leave Act**

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

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

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

---

**Certification**

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

---

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**Activity Log**

Action	Resulting State	Date	Name
Revert to Pending	Pending	03/28/2014 03:21 PM	ROBINSON, WILLIAM
Approve	Approved	03/28/2014 02:44 PM	ROBINSON, WILLIAM
Submit	Pending	03/26/2014 11:43 AM	DAVIS, BEN

## Slide notes

## Slide 15 - Slide 15

**Family and Medical Leave Act**

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

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

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

---

**Certification**

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

---

**Privacy Act**

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**Activity Log**

Action	Resulting State	Date	Name
Submit	Pending	03/26/2014 11:43 AM	DAVIS, BEN

## Slide notes

## Slide 16 - Slide 16

...certification of a serious health condition may be required by your agency. If annual, sick, or leave unpaid pay will be used under the Family and Medical Leave Act of 1993 (FMLA), indicate what it will be used for.

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

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

---

**Certification**

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

---

**Privacy Act**

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**Activity Log**

Action	Resulting State	Date	Name
Submit	Pending	03/26/2014 11:43 AM	DAVIS, BEN

Select the Approve button

## Slide notes

At the bottom of the request page, we can see the Activity Log, as well as the action buttons. In this case, we want to approve the request. Select the Approve button to continue.

Slide 17 - Slide 17

**WEBTA™** Employee Supervisor Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu > Leave Requests >

Leave Request Form Pending Approved Denied

Leave request successfully updated  
Future entries will be populated when the timesheet is created.

**Leave Type and Dates** Leave Balance Calculator

Employee: DAVIS, BEN

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 24:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 11, 2014	Apr 11, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

**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

Slide notes

Note the message indicating that the request has been updated, and since this request falls in a future pay period, the time will be added to employee's timesheet when it is created. Also note that the status has changed to approved.

Next, we will return to the Leave Requests page using the breadcrumb trail. Select next to continue.

Slide 18 - Slide 18

WEBTA™

Employee
Supervisor

[Inbox \[2\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

Supervisor Main Menu > Leave Requests >

### Leave Request Form

Pending ● Approved ● Denied ●

Leave request successfully updated  
Future entries will be populated when the timesheet is created.

**Leave Type and Dates**

Employee: DAVIS, BEN

Leave Type: 61 - Annual Leave

Leave Balance Calculator

Transaction Leave Balance: Annual Leave 24:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 11, 2014	Apr 11, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

**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

Slide notes

# USDA Supervisor webTA Employee Leave Requests

## Slide 19 - Slide 19

The screenshot shows the WEBTA Supervisor interface. At the top, there is a navigation bar with the WEBTA logo, tabs for 'Employee' and 'Supervisor', and links for 'Inbox [2]', 'Settings', 'Help', and 'Log Out'. Below the navigation bar is a 'Supervisor Main Menu >' link. The main content area is titled 'Leave Requests - Current' and contains a table of leave requests. The table has columns for Status, User, Start Date, End Date, Leave Type, Hours, Submission Date, Supervisor, and Timekeeper. There are 7 records listed, with the first one being 'Approved' for Miller, Samantha and the others being 'Pending'. Below the table, there are navigation controls including '1-7 of 7 Records', a pagination arrow, and a 'View' dropdown menu set to '25' with options for '50' and '100'. At the bottom left, there are buttons for 'History', 'View Calendar', and 'Cancel'. At the bottom right, there is a 'Next >>' button.

Status	User	Start Date	End Date	Leave Type	Hours	Submission Date	Supervisor	Timekeeper
Approved	MILLER, SAMANTHA	03/31/2014	04/03/2014	Annual Leave	28:00	03/25/2014 10:35 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/04/2014	04/04/2014	Sick Leave	8:00	03/26/2014 11:53 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JONES, JANET	04/04/2014	04/04/2014	Annual Leave	8:00	03/28/2014 02:38 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	MILLER, SAMANTHA	04/04/2014	04/04/2014	Annual Leave	8:00	03/24/2014 02:31 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/07/2014	04/08/2014	Annual Leave	16:00	03/26/2014 11:52 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Approved	DAVIS, BEN	04/11/2014	04/11/2014	Annual Leave	8:00	03/26/2014 11:43 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	WILLIAMS, CHRIS	04/25/2014	04/25/2014	Annual Leave	8:00	03/26/2014 11:44 AM	ROBINSON, WILLIAM	HARRIS, DANIEL

### Slide notes

Let's select another request from the list. In this example, we are going to select the Pending request for Janet Jones. Select next to continue.

# USDA Supervisor webTA Employee Leave Requests

## Slide 20 - Slide 20

Employee SupervisorInbox [2] | Settings | Help | Log Out

Supervisor Main Menu >

### Leave Requests - Current

Status	User	Start Date	End Date	Leave Type	Hours	Submission Date	Supervisor	Timekeeper
Approved	MILLER, SAMANTHA	03/31/2014	04/03/2014	Annual Leave	28:00	03/25/2014 10:35 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/04/2014	04/04/2014	Sick Leave	8:00	03/26/2014 11:53 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JONES, JANET	04/04/2014	04/04/2014	Annual Leave	8:00	03/28/2014 02:38 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	MILLER, SAMANTHA	04/04/2014	04/04/2014	Annual Leave	8:00	03/24/2014 02:31 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/07/2014	04/08/2014	Annual Leave	16:00	03/26/2014 11:52 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Approved	DAVIS, BEN	04/11/2014	04/11/2014	Annual Leave	8:00	03/26/2014 11:43 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	WILLIAMS, CHRIS	04/25/2014	04/25/2014	Annual Leave	8:00	03/26/2014 11:44 AM	ROBINSON, WILLIAM	HARRIS, DANIEL

1-7 of 7 Records View 25 50 100

[History](#) [View Calendar](#) [Cancel](#)

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

## Slide notes

Slide 21 - Slide 21

**WEBTA™** Employee Supervisor Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu > Leave Requests >

Leave Request Form Pending Approved Denied

The requested amount exceeds the current balance for this leave type.

**Leave Type and Dates** Leave Balance Calculator

Employee: JONES, JANET

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 4:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

**Remarks**

Submitter:

Remarks:

Approver Comments:  Update

**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 the message displayed at the top of the form stating that the requested amount of leave exceeds the current balance. Employees can request more hours than they have, but it is up to you, the Supervisor, whether or not you approve the request.

In this example, we are going to deny the request. Select next to continue.

Slide 22 - Slide 22

WEBTA™

Employee
Supervisor

[Inbox \[2\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

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

### Leave Request Form

Pending Approved Denied

The requested amount exceeds the current balance for this leave type.

**Leave Type and Dates**

Employee: JONES, JANET

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 4:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

[Leave Balance Calculator](#)

**Remarks**

Submitter:

Remarks:

Approver:

Comments:

[Update](#)

**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 23 - Slide 23

WEBTA™

Employee
Supervisor

[Inbox \[2\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

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

### Leave Request Form

Pending Approved Denied

The requested amount exceeds the current balance for this leave type.

**Leave Type and Dates**

Employee: JONES, JANET

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 4:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

Leave Balance Calculator

**Remarks**

Submitter:

Remarks:

Approver Comments:  Update

**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 24 - Slide 24

**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	03/28/2014 02:38 PM	JONES, JANET

## Slide notes

## Slide 25 - Slide 25

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	03/28/2014 02:38 PM	JONES, JANET

## Slide notes

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**WEBTA™** Employee Supervisor Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu > Leave Requests >

Leave Request Form Pending Approved Denied

**ALERT: You must provide a reason in the Approver Comments field when denying a leave request.**

**The requested amount exceeds the current balance for this leave type.**

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

Employee: JONES, JANET

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 4:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

**Remarks**

Submitter Remarks:

Approver Comments:  [Update](#)

**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**

Slide notes

Here, we see another message in addition to the previous one. This alert is stating that when denying a leave request, you must provide a reason in the Approver Comments field. Next, we will provide a reason, and then deny the request. Select next to continue.

Slide 27 - Slide 27

WEBTA™

Employee
Supervisor

[Inbox \[2\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

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

### Leave Request Form

Pending Approved Denied

**ALERT: You must provide a reason in the Approver Comments field when denying a leave request.**

**The requested amount exceeds the current balance for this leave type.**

**Leave Type and Dates**

Employee: JONES, JANET

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 4:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

[Leave Balance Calculator](#)

**Remarks**

Submitter:  

Remarks:  

Approver Comments:   Update

**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**

Slide notes

Slide 28 - Slide 28

WEBTA™

Employee
Supervisor

Inbox [2]
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|
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|
Log Out

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

Pending
Approved
Denied

ALERT: You must provide a reason in the Approver Comments field when denying a leave request.

The requested amount exceeds the current balance for this leave type.

**Leave Type and Dates**

Employee: JONES, JANET

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 4:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

Leave Balance Calculator

**Remarks**

Submitter:  

Remarks:  

Approver Comments: Denied - not enough leave Update

**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**

Slide notes

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WEBTA™

Employee
Supervisor

Inbox [2]
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Help
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Log Out

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

### Leave Request Form

Pending Approved Denied

ALERT: You must provide a reason in the Approver Comments field when denying a leave request.

The requested amount exceeds the current balance for this leave type.

**Leave Type and Dates**

Employee: JONES, JANET

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 4:00

Leave Balance Calculator

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

**Remarks**

Submitter:  

Remarks:  

Approver Comments: Denied - not enough leave Update

**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/nrcnosta/LeaveRequest>

Slide notes

Select the Update button to save the comment.

Slide 30 - Slide 30

WEBTA™

Employee
Supervisor

[Inbox \[2\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

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

### Leave Request Form

Pending Approved Denied

Updated comments saved

The requested amount exceeds the current balance for this leave type.

**Leave Type and Dates**

Employee: JONES, JANET

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 4:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

Leave Balance Calculator

**Remarks**

Submitter:  

Remarks:  

Approver: Denied - not enough leave

Comments:   Update

**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**

Slide notes

And then scroll down to display the Deny button.

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WEBTA™

Employee
Supervisor

[Inbox \[2\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

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

### Leave Request Form

Pending 
Approved 
Denied

Updated comments saved

The requested amount exceeds the current balance for this leave type.

**Leave Type and Dates**

Employee: JONES, JANET

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 4:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

Leave Balance Calculator

**Remarks**

Submitter:  

Remarks:  

Approver: Denied - not enough leave

Comments:   Update

**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**

Slide notes

Slide 32 - Slide 32

**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	03/28/2014 02:38 PM	JONES, JANET

Slide notes

Slide 33 - Slide 33

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	03/28/2014 02:38 PM	JONES, JANET

Slide notes

Slide 34 - Slide 34

**WEBTA™** Employee **Supervisor** Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu > Leave Requests >

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

Leave request successfully updated

The requested amount exceeds the current balance for this leave type.

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

Employee: JONES, JANET

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 4:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

**Remarks**

Submitter Remarks:

Approver Comments: Denied - not enough leave

**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**

Slide notes

Note the message indicating that the request has been updated, and that the status has changed to denied.

Next, we will return to the Leave Requests page using the breadcrumb trail. Select next to continue.

Slide 35 - Slide 35

WEBTA™

Employee
Supervisor

[Inbox \[2\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

Supervisor Main Menu > Leave Requests >

### Leave Request Form

Pending Approved ● Denied

Leave request successfully updated

The requested amount exceeds the current balance for this leave type.

**Leave Type and Dates**

Employee: JONES, JANET

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 4:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

Leave Balance Calculator

**Remarks**

Submitter:  

Remarks:  

Approver: Denied - not enough leave

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**

Slide notes

Slide 36 - Slide 36

WEBTA™ Employee Supervisor Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu >

### Leave Requests - Current

Status	User	Start Date	End Date	Leave Type	Hours	Submission Date	Supervisor	Timekeeper
Approved	MILLER, SAMANTHA	03/31/2014	04/03/2014	Annual Leave	28:00	03/25/2014 10:35 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/04/2014	04/04/2014	Sick Leave	8:00	03/26/2014 11:53 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Denied	JONES, JANET	04/04/2014	04/04/2014	Annual Leave	8:00	03/28/2014 02:38 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	MILLER, SAMANTHA	04/04/2014	04/04/2014	Annual Leave	8:00	03/24/2014 02:31 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/07/2014	04/08/2014	Annual Leave	16:00	03/26/2014 11:52 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Approved	DAVIS, BEN	04/11/2014	04/11/2014	Annual Leave	8:00	03/26/2014 11:43 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	WILLIAMS, CHRIS	04/25/2014	04/25/2014	Annual Leave	8:00	03/26/2014 11:44 AM	ROBINSON, WILLIAM	HARRIS, DANIEL

1-7 of 7 Records View [25] [50] [100]

History View Calendar Cancel

Next >>

Slide notes

Note that although we denied the request, it is still listed on this page. The reason for this is, as mentioned earlier in the lesson, all requests in the current pay periods will display on the current page. Once the pay period in which they fall is in the past, they will be moved to the History page.

Let's approve a request in the current pay period. In this example, we will select Mark Johnson's pending Sick Leave request. Select next to continue.

# USDA Supervisor webTA Employee Leave Requests

## Slide 37 - Slide 37

Employee **Supervisor**Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu >

### Leave Requests - Current

Status	User	Start Date	End Date	Leave Type	Hours	Submission Date	Supervisor	Timekeeper
Approved	MILLER, SAMANTHA	03/31/2014	04/03/2014	Annual Leave	28:00	03/25/2014 10:35 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/04/2014	04/04/2014	Sick Leave	8:00	03/26/2014 11:53 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Denied	JONES, JANET	04/04/2014	04/04/2014	Annual Leave	8:00	03/28/2014 02:38 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	MILLER, SAMANTHA	04/04/2014	04/04/2014	Annual Leave	8:00	03/24/2014 02:31 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/07/2014	04/08/2014	Annual Leave	16:00	03/26/2014 11:52 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Approved	DAVIS, BEN	04/11/2014	04/11/2014	Annual Leave	8:00	03/26/2014 11:43 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	WILLIAMS, CHRIS	04/25/2014	04/25/2014	Annual Leave	8:00	03/26/2014 11:44 AM	ROBINSON, WILLIAM	HARRIS, DANIEL

1-7 of 7 Records ◀ ◁ 1 ▷ ▶ View

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

## Slide notes

Slide 38 - Slide 38

WEBTA™

Employee
Supervisor

[Inbox \[2\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

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

### Leave Request Form

Pending ●
Approved ●
Denied ●

Leave Balance Calculator

**Leave Type and Dates**

Employee: JOHNSON, MARK

Leave Type: 62 - Sick Leave

Transaction Leave Balance: Sick Leave 24:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

**Remarks**

Submitter:  

Remarks:  

Approver:  

Comments:   Update

**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 of 1993 (FMLA), indicate what it will be used for.

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

Slide notes

Next, we will scroll down to approve the request. Select next to continue.

Slide 39 - Slide 39

WEBTA™

Employee
Supervisor

[Inbox \[2\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

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

### Leave Request Form

Pending ●
Approved ●
Denied ●

Leave Balance Calculator

**Leave Type and Dates**

Employee: JOHNSON, MARK

Leave Type: 62 - Sick Leave

Transaction Leave Balance: Sick Leave 24:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

**Remarks**

Submitter:  

Remarks:  

Approver:  

Comments:   Update

**Sick Leave Purpose**

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

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

**Family and Medical Leave Act**

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

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

Slide notes

Slide 40 - Slide 40

WEBTA™

Employee
Supervisor

[Inbox \[2\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

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

Leave Request Form

Pending Approved Denied

Leave Type and Dates

Leave Balance Calculator

Employee: JOHNSON, MARK

Leave Type: 62 - Sick Leave

Transaction Leave Balance: Sick Leave 24:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

**Remarks**

Submitter:  

Remarks:  

Approver:  

Comments:   Update

**Sick Leave Purpose**

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

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

**Family and Medical Leave Act**

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

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

Slide notes

## Slide 41 - Slide 41

### 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	03/26/2014 11:53 AM	JOHNSON, MARK

## Slide notes

## Slide 42 - Slide 42

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	03/26/2014 11:53 AM	JOHNSON, MARK

## Slide notes

## Slide 43 - Slide 43

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	03/26/2014 11:53 AM	JOHNSON, MARK

## Slide notes

Slide 44 - Slide 44

**WEBTA™** Employee Supervisor Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu > Leave Requests >

**Leave Request Form** Pending Approved Denied

Leave request successfully updated  
The leave time for 04/04/2014 has been added to the user's timesheet.

**Leave Type and Dates** Leave Balance Calculator  
Employee: JOHNSON, MARK  
Leave Type: 62 - Sick Leave

Transaction Leave Balance: Sick Leave 16:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

**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

Slide notes

Note the message indicating that the request has been updated, and that the time has been added to the employee's timesheet. Also note that the status has changed to approved.

Next, we will return to the Leave Requests page using the breadcrumb trail. Select next to continue.

Slide 45 - Slide 45

WEBTA™

Employee
Supervisor

[Inbox \[2\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

Supervisor Main Menu > Leave Requests >

### Leave Request Form

Pending Approved Denied

Leave request successfully updated  
The leave time for 04/04/2014 has been added to the user's timesheet.

**Leave Type and Dates**

Employee: JOHNSON, MARK

Leave Type: 62 - Sick Leave

Transaction Leave Balance: Sick Leave 16:00

Leave Balance Calculator

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 04, 2014	Apr 04, 2014	<input checked="" type="checkbox"/>	9:00am	5:00pm	8:00	8:00	

**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://www.dhs.gov/eis/vvt/foia/foia.cfm](#) Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical

Slide notes

# USDA Supervisor webTA Employee Leave Requests

## Slide 46 - Slide 46

The screenshot shows the WEBTA Supervisor interface. At the top, there is a navigation bar with 'WEBTA™' logo, 'Employee' and 'Supervisor' tabs, and 'Inbox [2] | Settings | Help | Log Out' links. Below the navigation bar is a 'Supervisor Main Menu >' link. The main content area is titled 'Leave Requests - Current' and contains a table with the following data:

Status	User	Start Date	End Date	Leave Type	Hours	Submission Date	Supervisor	Timekeeper
Approved	MILLER, SAMANTHA	03/31/2014	04/03/2014	Annual Leave	28:00	03/25/2014 10:35 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Approved	JOHNSON, MARK	04/04/2014	04/04/2014	Sick Leave	8:00	03/26/2014 11:53 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Denied	JONES, JANET	04/04/2014	04/04/2014	Annual Leave	8:00	03/28/2014 02:38 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	MILLER, SAMANTHA	04/04/2014	04/04/2014	Annual Leave	8:00	03/24/2014 02:31 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	JOHNSON, MARK	04/07/2014	04/08/2014	Annual Leave	16:00	03/26/2014 11:52 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Approved	DAVIS, BEN	04/11/2014	04/11/2014	Annual Leave	8:00	03/26/2014 11:43 AM	ROBINSON, WILLIAM	HARRIS, DANIEL
Pending	WILLIAMS, CHRIS	04/25/2014	04/25/2014	Annual Leave	8:00	03/26/2014 11:44 AM	ROBINSON, WILLIAM	HARRIS, DANIEL

Below the table, there is a pagination bar showing '1-7 of 7 Records' and a 'View' dropdown menu with options '25', '50', and '100'. At the bottom of the interface, there are three buttons: 'History', 'View Calendar', and 'Cancel'. The 'History' button is highlighted with a red box, and a red callout box with the text 'Select the History button' points to it.

## Slide notes

We have mentioned the History page, for old leave requests. To view, select the History button.

Slide 47 - Slide 47

The screenshot shows the WEBTA Supervisor interface. At the top, there is a navigation bar with 'WEBTA™' logo, 'Employee' and 'Supervisor' tabs, and links for 'Inbox [2]', 'Settings', 'Help', and 'Log Out'. Below the navigation bar is a 'Supervisor Main Menu >' link. The main content area is titled 'Leave Requests - History' and contains a table with the following data:

Status	User	Start Date	End Date	Leave Type	Hours	Submission Date	Supervisor	Timekeeper
Approved	MILLER, SAMANTHA	03/07/2014	03/07/2014	Annual Leave	8:00	03/24/2014 02:24 PM	ROBINSON, WILLIAM	HARRIS, DANIEL
Denied	MILLER, SAMANTHA	03/10/2014	03/10/2014	Sick Leave	9:00	03/24/2014 02:29 PM	ROBINSON, WILLIAM	HARRIS, DANIEL

Below the table, there is a pagination control showing '1-2 of 2 Records' and a 'View' dropdown menu with options for 25, 50, and 100 records. At the bottom of the table, there are three buttons: 'Current', 'View Calendar' (highlighted with a red box), and 'Cancel'. A red callout box with white text points to the 'View Calendar' button, stating 'Select the View Calendar button'.

Slide notes

Here, we can see approved and denied requests from earlier pay periods.

One additional feature available to supervisors to help manage their employee's leave requests is the Leave Calendar. Select the View Calendar button to continue.

Slide 48 - Slide 48

**WEBTA™** Employee Supervisor Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu > Leave Requests >

Leave Request Calendar View

View: All A = Approved D = Denied P = Pending

◀ March 2014 ▶

Sun	Mon	Tue	Wed	Thu	Fri	Sat
23 February Pay Period 4	24	25	26	27	28	1 March
2	3	4	5	6	7 MILLER, SAMANTHA 8:00 (A)	8
9 Pay Period 5	10 MILLER, SAMANTHA 9:00 (D)	11	12	13	14	15
16	17	18	19	20	21	22
23 Pay Period 6	24	25	26	27	28 Today	29

Slide notes

Let's move ahead to April . . .

Slide 49 - Slide 49

**WEBTA™** Employee Supervisor Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu > Leave Requests >

### Leave Request Calendar View

View:  A = Approved D = Denied P = Pending

◀ March 2014 ▶

Sun	Mon	Tue	Wed	Thu	Fri	Sat
23 February Pay Period 4	24	25	26	27	28	1 March
2	3	4	5	6	7 MILLER, SAMANTHA 8:00 (A)	8
9 Pay Period 5	10 MILLER, SAMANTHA 9:00 (D)	11	12	13	14	15
16	17	18	19	20	21	22
23 Pay Period 6	24	25	26	27	28 Today	29

Slide notes

Slide 50 - Slide 50

**WEBTA™** Employee Supervisor Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu > Leave Requests >

Leave Request Calendar View

View: All A = Approved D = Denied P = Pending

◀ April 2014 ▶

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30 March	31 MILLER, SAMANTHA 8:00 (A)	1 MILLER, SAMANTHA 8:00 (A)	2 MILLER, SAMANTHA 8:00 (A)	3 MILLER, SAMANTHA 4:00 (A)	4 MILLER, SAMANTHA 8:00 (P) JOHNSON, MARK 8:00 (A) JONES, JANET 8:00 (D)	5
6 Pay Period 7	7 JOHNSON, MARK 8:00 (P)	8 JOHNSON, MARK 8:00 (P)	9	10	11 DAVIS, BEN 8:00 (A)	12
13	14	15	16	17	18	19
20 Pay Period 8	21	22	23	24	25 WILLIAMS, CHRIS 8:00 (P)	26
27	28	29	30	1 May	2	3

Next >>

Cancel

**Slide notes**

The Calendar View allows you to see your employee's requests for the month. The employee's name, number of hours and the status of the request are listed, and these requests serve as links to view, approve or deny the requests.

In this example, we are going to select the request from Chris Williams on the 25th. Select next to continue.

# USDA Supervisor webTA Employee Leave Requests

## Slide 51 - Slide 51

Employee **Supervisor**

Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu > Leave Requests >

### Leave Request Calendar View

View: 
A = Approved D = Denied P = Pending

< April 2014 >

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30 March	31 MILLER, SAMANTHA 8:00 (A)	1 April MILLER, SAMANTHA 8:00 (A)	2 MILLER, SAMANTHA 8:00 (A)	3 MILLER, SAMANTHA 4:00 (A)	4 MILLER, SAMANTHA 8:00 (P) JOHNSON, MARK 8:00 (A) JONES, JANET 8:00 (D)	5
6 Pay Period 7	7 JOHNSON, MARK 8:00 (P)	8 JOHNSON, MARK 8:00 (P)	9	10	11 DAVIS, BEN 8:00 (A)	12
13	14	15	16	17	18	19
20 Pay Period 8	21	22	23	24	25 WILLIAMS, CHRIS 3:00 (P)	26
27	28	29	30	1 May	2	3

### Slide notes

Slide 52 - Slide 52

WEBTA™

Employee
Supervisor

Inbox [2]
|
Settings
|
Help
|
Log Out

Supervisor Main Menu > Leave Requests > Request Calendar >

Leave Request Form

Pending
Approved
Denied

Leave Type and Dates

Leave Balance Calculator

Employee: WILLIAMS, CHRIS

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 24:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 25, 2014	Apr 25, 2014	<input checked="" type="checkbox"/>	12:00am	8:00am	8:00	8:00	

Remarks

Submitter:  

Remarks:  

Approver Comments:   Update

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 of 1993 (FMLA), indicate what it will be used for.

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

Slide notes

Just as with the Current Leave Requests page, you can view, approve and deny the request through the Calendar view. In this example, we are going to return to the Calendar using the breadcrumb trail. Select next to continue.

Slide 53 - Slide 53

WEBTA™

Employee
Supervisor

Inbox [2]
Settings
Help
Log Out

Supervisor Main Menu > Leave Requests > Request Calendar >

Leave Request Form

Pending
Approved
Denied

**Leave Type and Dates**

Employee: WILLIAMS, CHRIS

Leave Type: 61 - Annual Leave

Transaction Leave Balance: Annual Leave 24:00

Start Date	End Date	All Day	Start Time	Stop Time	Daily Hours	Total Hours	Action
Apr 25, 2014	Apr 25, 2014	<input checked="" type="checkbox"/>	12:00am	8:00am	8:00	8:00	

Leave Balance Calculator

**Remarks**

Submitter:  

Remarks:  

Approver:  

Comments:   Update

**Sick Leave Purpose**

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

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

**Family and Medical Leave Act**

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

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

Slide notes

Slide 54 - Slide 54

The screenshot shows the WEBTA Supervisor interface. At the top, there are navigation tabs for 'Employee' and 'Supervisor', and a menu bar with 'Inbox [2]', 'Settings', 'Help', and 'Log Out'. Below the navigation is a breadcrumb trail: 'Supervisor Main Menu > Leave Requests >'. The main heading is 'Leave Request Calendar View'. There is a 'View:' dropdown menu set to 'All' and a legend indicating 'A = Approved', 'D = Denied', and 'P = Pending'. A month selector dropdown is set to 'April 2014'. The calendar grid shows days from March 30 to May 3. Leave requests are listed as follows:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30 March	31 MILLER, SAMANTHA 8:00 (A)	1 April MILLER, SAMANTHA 8:00 (A)	2 MILLER, SAMANTHA 8:00 (A)	3 MILLER, SAMANTHA 4:00 (A)	4 MILLER, SAMANTHA 8:00 (P) JOHNSON, MARK 8:00 (A) JONES, JANET 8:00 (D)	5
6 Pay Period 7	7 JOHNSON, MARK 8:00 (P)	8 JOHNSON, MARK 8:00 (P)	9	10	11 DAVIS, BEN 8:00 (A)	12
13	14	15	16	17	18	19
20 Pay Period 8	21	22	23	24	25 WILLIAMS, CHRIS 8:00 (P)	26
27	28	29	30	1 May	2	3

Navigation buttons include 'Cancel' and 'Next >>'.

Slide notes

Let's review a few additional details of the Calendar page. As mentioned, the status of the request is listed in parentheses next to the number of hours. The legend for the request status abbreviation is listed above the calendar.

You can navigate to past, and future months by using the dropdown menu, or the previous and next controls on either side of the dropdown menu.

Also note the View dropdown menu. The default is set to All. This means the requests from your employees, as well as the employees for whom you serve as a Supervisor Delegate will display. Next, we will expand this menu to view other options. Select next to continue.

Slide 55 - Slide 55



Employee
Supervisor

Inbox [2] | Settings | Help | Log Out

[Supervisor Main Menu](#) > [Leave Requests](#) > [Leave Request Form](#) >

### Leave Request Calendar View

View: 
A = Approved D = Denied P = Pending

◀ March 2014 ▶

Sun	Mon	Tue	Wed	Thu	Fri	Sat
23 February Pay Period 4	24	25	26	27	28	1 March
2	3	4	5	6	7 MILLER, SAMANTHA 8:00 (A)	8
9 Pay Period 5	10 MILLER, SAMANTHA 9:00 (D)	11	12	13	14	15
16	17	18	19	20	21	22
23 Pay Period 6	24	25	26	27	28 Today	29

Cancel

Slide notes

Slide 56 - Slide 56

**WEBTA™** Employee Supervisor Inbox [2] | Settings | Help | Log Out

Supervisor Main Menu > Leave Requests > Leave Request Form >

Leave Request Calendar View

View: **All** (dropdown menu) A = Approved D = Denied P = Pending

◀ March 2014 ▶

		Tue	Wed	Thu	Fri	Sat
23 February Pay Period 4	24	25	26	27	28	1 March
2	3	4	5	6	7 MILLER, SAMANTHA 8:00 (A)	8
9 Pay Period 5	10 MILLER, SAMANTHA 9:00 (D)	11	12	13	14	15
16	17	18	19	20	21	22
23 Pay Period 6	24	25	26	27	28 Today	29

Buttons: Cancel, Next >>

**Slide notes**

It is possible to delegate your supervisor responsibilities to a fellow supervisor in webTA. This is highly recommended, since it is a good idea to have a back-up who can perform your duties in the event you are unable to do so. Delegation will be covered in a later lesson.

To filter the Request Calendar to include only your employees, or only those delegated to you, select the option from the dropdown menu. Next, we will return to the Main Menu by selecting the Supervisor tab. Select next to continue.

Slide 57 - Slide 57



Employee
Supervisor

[Inbox \[2\]](#) | [Settings](#) | [Help](#) | [Log Out](#)

[Supervisor Main Menu](#) > [Leave Requests](#) > [Leave Request Form](#) >

### Leave Request Calendar View

View: All

- All
- My Employees
- My Delegated Employees

A = Approved   D = Denied   P = Pending

◀ March 2014 ▶

		Tue	Wed	Thu	Fri	Sat
23 February Pay Period 4	24	25	26	27	28	1 March
2	3	4	5	6	7 MILLER, SAMANTHA 8:00 (A)	8
9 Pay Period 5	10 MILLER, SAMANTHA 9:00 (D)	11	12	13	14	15
16	17	18	19	20	21	22
23 Pay Period 6	24	25	26	27	28 Today	29

Cancel

Slide notes

Slide 58 - Slide 58

The screenshot displays the 'Supervisor Main Menu' interface. At the top left is the 'WEBTA' logo. To its right are two tabs: 'Employee' and 'Supervisor', with 'Supervisor' being the active tab. Further right in the top navigation bar are links for 'Inbox [58]', 'Settings', 'Help', and 'Log Out'. The main content area is titled 'Supervisor Main Menu' and contains several categorized menu items:

- Employees**
  - [Certify All](#)
  - [Select Timesheets](#)
  - [Employee Leave Requests](#)
  - [Employee Premium Pay Requests](#)
  - [Employee Dollar Transaction Requests](#)
- Reports**
  - [Reports](#)
  - [My Saved and Scheduled Reports](#)
  - [Adhoc Report Management](#)
- Telework**
  - [Employee Telework Requests](#)
  - [Employee Telework Agreements](#)
- Continuation of Pay (COP)**
  - [COP Events](#)
- Schedule**
  - [Employee Schedules List View](#)
  - [Employee Schedules Grid View](#)
  - [Schedule Requests](#)
  - [Shifts](#)
- Delegates/Reassignment**
  - [My Delegates](#)
- Emergency Contacts**
  - [Employee Contacts](#)

Slide notes

**Slide 59 - Finish**



**Slide notes**

You have completed this lesson. To continue, select the Finish button.