

Employee Services Leave Programs

Leave of Absence Employee Self-Service (ESS)

Manager, Supervisor and HR Partner User Guide

This guide is intended to aid managers/supervisors and Human Resources (HR) partners in assisting their employees with understanding, applying for, and managing the university's leave programs.

Guide Navigation

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Getting Started with AbsenceTracker: Employee Self-Service (ESS)

All employees, managers/supervisors and designated Human Resources partners will have access to the AbsenceTracker ESS in their employee portal. Employees will be able to apply for and manage their leave of absence cases. Managers/Supervisors will be able to access their own leave of absence cases and see certain details associated with leave of absence cases for their direct reports. HR partners will be able to access their own leave of absence cases and see certain details associated with leave of absence cases for employees within their department(s).

The designation of HR partner access for departments across the CU System was a collaborative effort between Employee Services and department/campus administrators. If you are an HR partner that does not have ESS access for your department(s), it is because another member of your department was chosen as the designated contact.

To apply for and manage FMLA, Parental Leave, or CU FAML I leave, employees must request a case and provide all required documentation through the AbsenceTracker: Employee Self-Service (ESS) portal.

If an employee is unable to, the employee's supervisor/manager or Human Resources (HR) contact can request and manage the case through the AbsenceTracker: Employee Self-Service (ESS) Manager portal.

If an employee needs additional information on the various leave programs before applying, please refer them to the appropriate guide:

- [Parental Leave Employee Guide](#)
- [Family and Medical Leave Insurance \(FAML I\) Employee Guide](#)
- [Family and Medical Leave Act \(FMLA\) Employee Guide](#)
- [Leave of Absence Employee Self-Service \(ESS\): Employee User Guide](#)

AbsenceTracker (ESS): Internet Browser Requirements

Browser Compatibility: AbsenceTracker is best supported on the most recent versions of the following browsers:

- Windows OS: Chrome, Edge, Firefox
- Mac OS: Safari
- Android: Chrome, Firefox
- iOS:Safari

Inactivity Warning: Users should be aware that AbsenceTracker will timeout after 60 minutes of inactivity. Any data entered will be lost if not completed.

Mobile Compatibility: The AbsenceTracker: Employee Self-Service (ESS) is accessible on a mobile device. Depending on screen size and resolution, the Additional Resources hyperlink may not display on some mobile devices. You can access the additional resources on the [Leave Programs](#) website.

Colorado Family and Medical Leave Insurance Program (FAML I): Important Considerations

Please review this section prior to submitting your LOA request in the AbsenceTracker ESS. CU FAML I is an optional leave benefit that provides eligible employees a portion of their weekly wages for up to 12 weeks, with an additional four weeks of leave for complications during pregnancy or childbirth. Eligible employees may receive CU FAML I wage replacement benefits on the first day of employment, receive CU FAML I job protection

after 180 days of employment, and are allowed 12 weeks of partial wage replacement through CU FAML I per 12-month period.

Important considerations when applying for CU FAML I leave include:

- FAML I payments made to employees by CU are exempt from all retirement plan contributions, mandatory and voluntary. Any paid parental leave, sick and vacation leave used to supplement FAML I will be subject to normal retirement contributions.
- Employees receiving FAML I payments can anticipate up to a 5% variance in gross pay, and their net pay may be higher or lower than previous months. Several factors may cause fluctuations including:
 - Retirement contributions are not taken out of the FAML I portion of employee wages.
 - The FAML I wage replacement benefit calculation requires rounding of decimals to pay employees on their paycheck. This rounding may impact actual dollars paid.

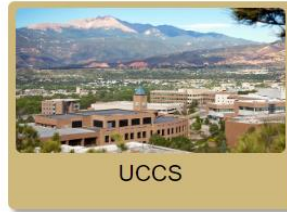
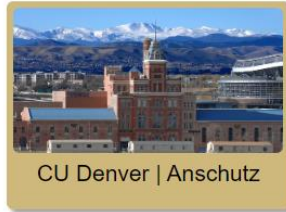
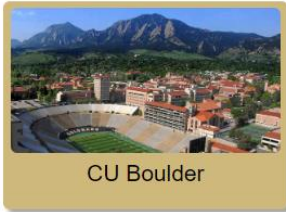
An employee did not have any or enough supplemental paid leave entered, and their check only reflects their FAML I benefit amount.

AbsenceTracker (ESS): Access and Login

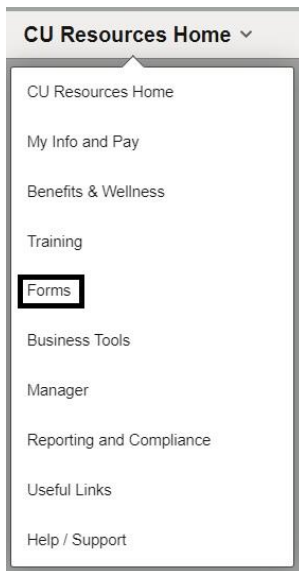
1. **Login** to the [employee portal](https://my.cu.edu/) (<https://my.cu.edu/>).



Click on your campus to log in.



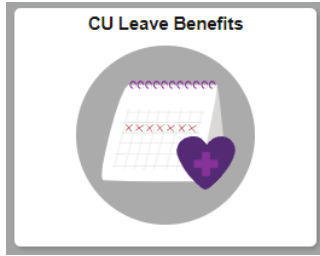
2. **Select *Forms*** from the *CU Resources Home* dropdown menu.



3. **Select the *Collaborative HR Services*** tile.



4. **Select the *CU Leave Benefits* tile.**



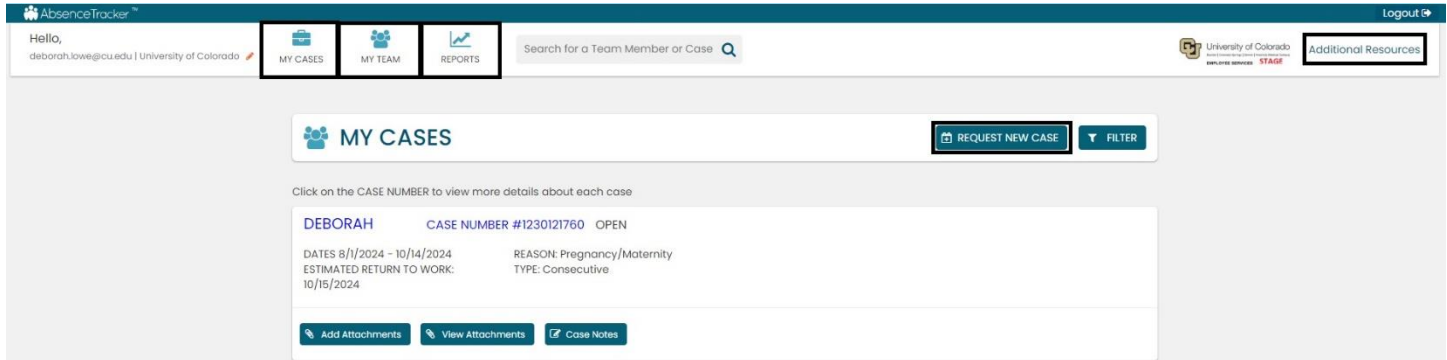
5. **Select *Leave Self-Service* Tile.**



AbsenceTracker (ESS): ESS Manager/Supervisor Dashboard

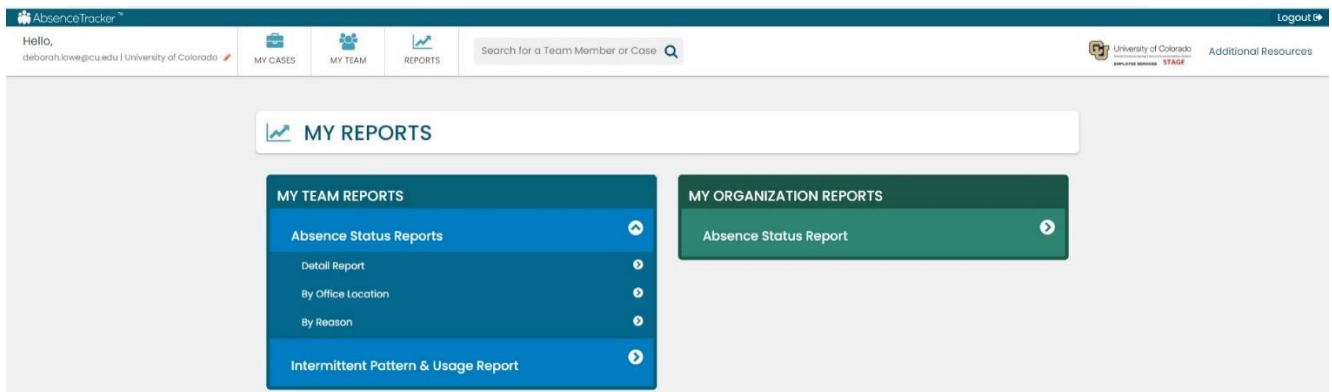
The dashboard will appear on the ESS home screen. *My Case* allows you to view and manage your personal leave case history. *My Team* allows manager/supervisors to view their direct report cases or request a leave and manage the case on their behalf if needed. HR partners will be able to view and manage their units' cases.

Dashboard Overview:

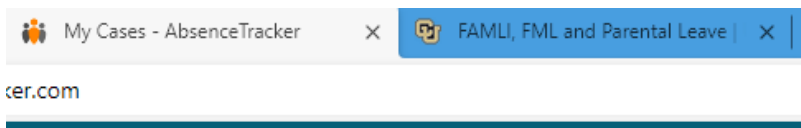


The manager landing page contains:

- **My Cases:** The landing page will display options for you to take action on **your own personal** leave cases. If you have an open case (as in the example) it will display here.
- **Request a New Case:** Select *Request New Case* if you want to start a leave application **for yourself**.
- **My Team:** Select *My Team* to view you direct reports open leave cases or to request a new case on their behalf.
- **My Reports:** This feature enables a Manager/Supervisor to run reports that allow them to see a snapshot of leave details associated with cases for all their direct reports. An HR contact can run these reports to see a snapshot of leave details associated with cases for all employees within their designated department(s).



- **Additional Resources:** Select *Additional Resources* to access the external [Employee Services Leave/FAMLI program](https://www.cu.edu/node/324038) website (https://www.cu.edu/node/324038). This will open in a new tab. To navigate back to AbsenceTracker: ESS, **Select** the AbsenceTracker tab in your browser.



Determining your Leave Type (Consecutive, Intermittent or Reduced)

Before starting a new leave case request, it is beneficial to understand what type of leave you (or your employee) will be taking. Leave can be taken in three different types: Consecutive, Intermittent or Reduced.

1. **Determine** what type of leave you will need:

- **Consecutive Leave:** Consecutive leave is a block of time when you will not be present at work. Choose consecutive leave if you will be requesting a period of leave time without returning to work at all during your leave.

Example: You have surgery scheduled for March 1st and will require a 6-week recovery period. You will be on leave from March 1 – April 11 and will not return to work or complete any work-related activity until April 12th.

- **Intermittent Leave:** Intermittent leave should be requested if you require small increments of time off from work periodically to attend appointments with your healthcare provider or to treat a condition that may periodically prohibit you from working.

Example: Your family member has a chronic condition which requires you to take them to medical appointments and provide care when their condition flares up. You need 1 day of leave per week to attend medical appointments and up to an additional 16 hours of leave per month to care for them during flare ups.

- **Reduced Schedule Leave:** Reduced schedules should be requested if you need to consistently reduce the number of hours you work on a daily or weekly basis. Reduced schedules are consistent and there are no changes to the work schedule during the period of approved leave.

Example: You have medical restrictions that do not allow you to work on a computer for more than 4 hours per day and therefore you need a reduced schedule to work only 4 hours each day of the workweek.

2. To navigate to the appropriate instructions in this guide, **select** the leave type from the following list:

- [Apply and Manage Your Consecutive Leave of Absence](#)
- [Apply and Manage Your Intermittent Leave of Absence](#)
- [Apply and Manage Your Reduced Schedule Leave of Absence](#)

Apply and Manage Consecutive Leave of Absence

Consecutive time off is a block of time when an employee will not be present at work. Choose consecutive leave if the employee will be requesting a period of leave time without returning to work at all during their leave. If you are unsure please review [How to Determine Your Leave Type](#) before proceeding.

Applying for Consecutive Leave of Absence

If you are requesting a new case for yourself:

1. **Select My Cases** on the *Dashboard*

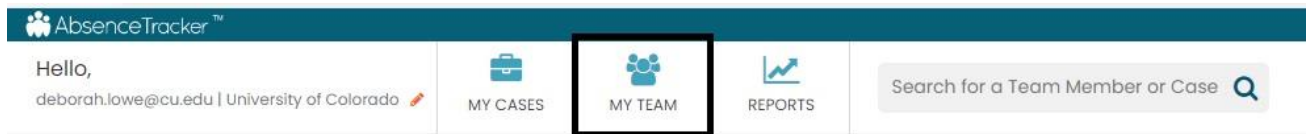


2. **Select Request a New Case.**

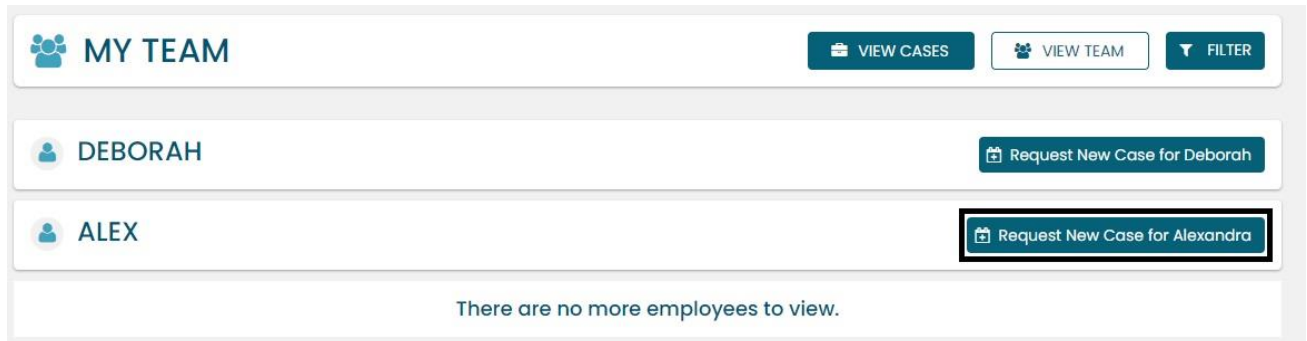


If you are requesting a new case for an employee:

1. **Select My Team** on the *Dashboard*.

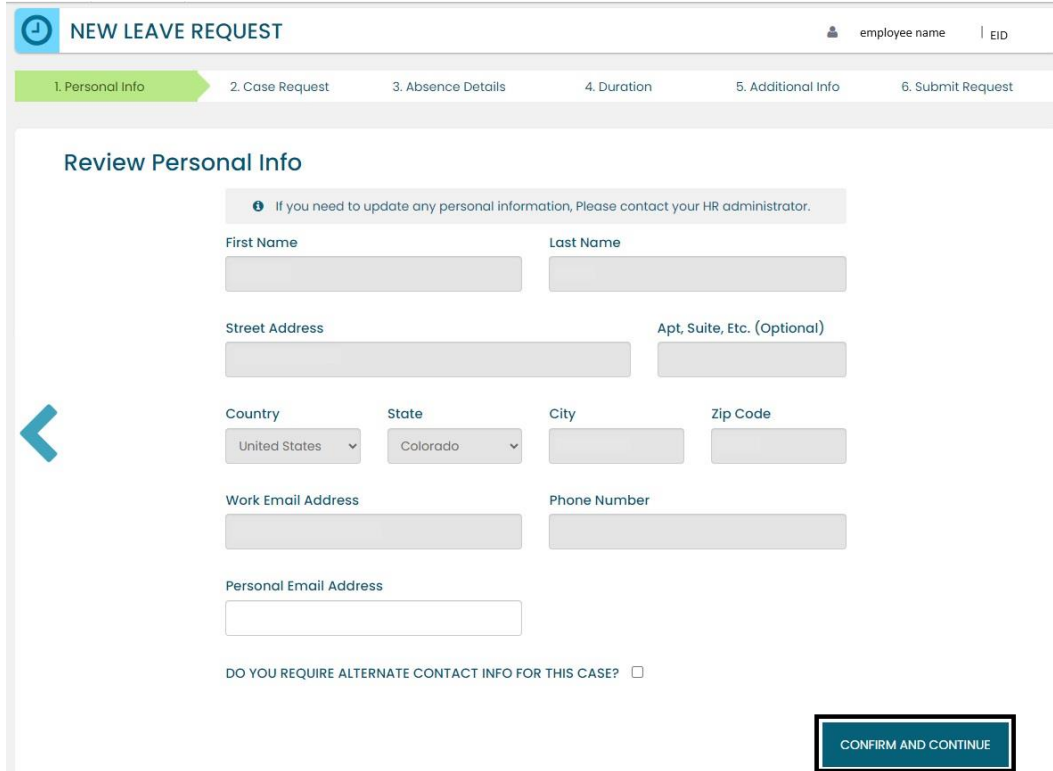


2. Use the *Search for a Team Member or Case* to find the employee OR select *View Team*.



Personal Information

1. **Review** the personal information for accuracy. Personal Information cannot be edited in the ESS portal. Managers/supervisors should contact the HR representative to update personal information for themselves. If they need to update personal information on behalf of an employee, they should ensure the employee is aware of the updates being made and contact the HR representative to make the changes.



NEW LEAVE REQUEST | employee name | EID

1. Personal Info | 2. Case Request | 3. Absence Details | 4. Duration | 5. Additional Info | 6. Submit Request

Review Personal Info

If you need to update any personal information, Please contact your HR administrator.

First Name: Last Name:

Street Address: Apt. Suite, Etc. (Optional):

Country: State: City: Zip Code:

Work Email Address: Phone Number:

Personal Email Address:

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?

CONFIRM AND CONTINUE

2. **Add** an alternate email or mailing address if applicable for the duration of your leave request. **Check** the box and **complete** the information.

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?

Enter Alternate Contact Info

This information applies to this case only

Personal Email Address:

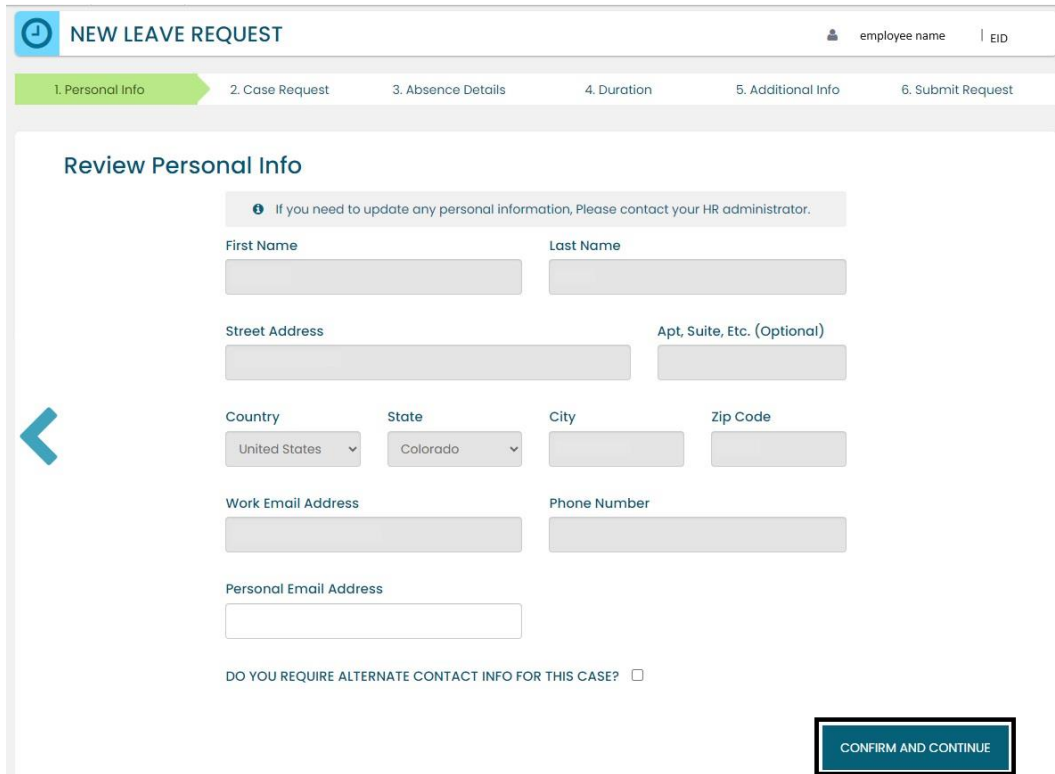
Phone Number:

Street Address:

Apt. Suite, Etc. (Optional):

Country: State: City: Zip Code:

3. Select *Confirm and Continue*.



NEW LEAVE REQUEST | employee name | EID

1. Personal Info | 2. Case Request | 3. Absence Details | 4. Duration | 5. Additional Info | 6. Submit Request

Review Personal Info

If you need to update any personal information, Please contact your HR administrator.

First Name: Last Name:

Street Address: Apt, Suite, Etc. (Optional):

Country: State: City: Zip Code:

Work Email Address: Phone Number:

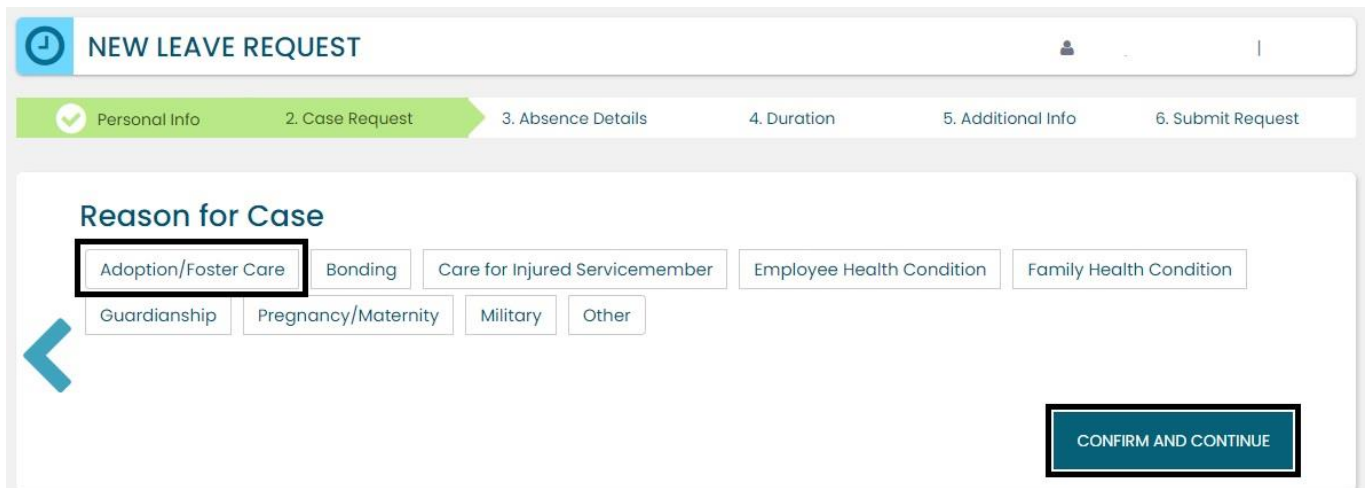
Personal Email Address:

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?

CONFIRM AND CONTINUE

Reason for Case

- Select** the appropriate *Reason for Case*. Refer to [Appendix A: Reason for Case Definitions](#) if needed. Additional information regarding the case may appear after you select the case reason.



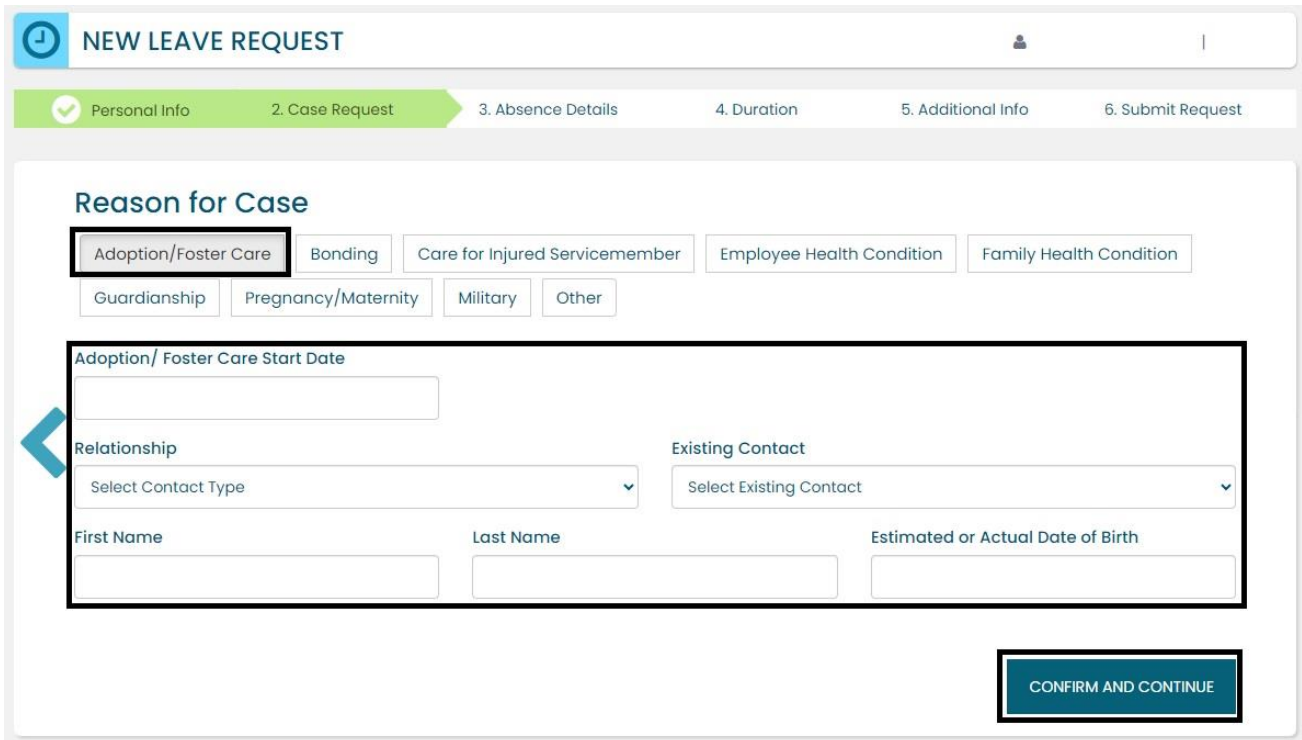
NEW LEAVE REQUEST | | |

Personal Info | 2. Case Request | 3. Absence Details | 4. Duration | 5. Additional Info | 6. Submit Request

Reason for Case

CONFIRM AND CONTINUE

2. **Complete** all required information (dependent upon reason selected).



NEW LEAVE REQUEST

Personal Info
 2. Case Request
 3. Absence Details
 4. Duration
 5. Additional Info
 6. Submit Request

Reason for Case

Adoption/ Foster Care Start Date

Relationship

Select Contact Type

Existing Contact

Select Existing Contact

First Name

Last Name

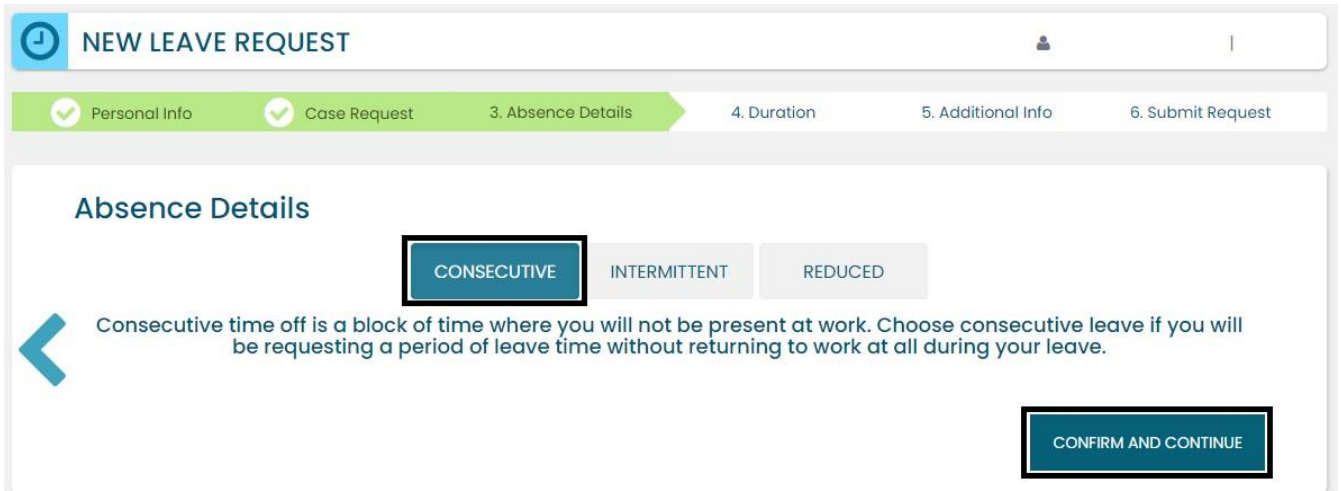
Estimated or Actual Date of Birth

CONFIRM AND CONTINUE

3. **Select *Confirm and Continue***.

Absence Details

1. **Select *Consecutive*** from the *Absence Details*: If you are unsure of the leave type select [Determining your Leave Type](#).
2. **Select *Confirm and Continue***.



NEW LEAVE REQUEST

Personal Info
 Case Request
 3. Absence Details
 4. Duration
 5. Additional Info
 6. Submit Request

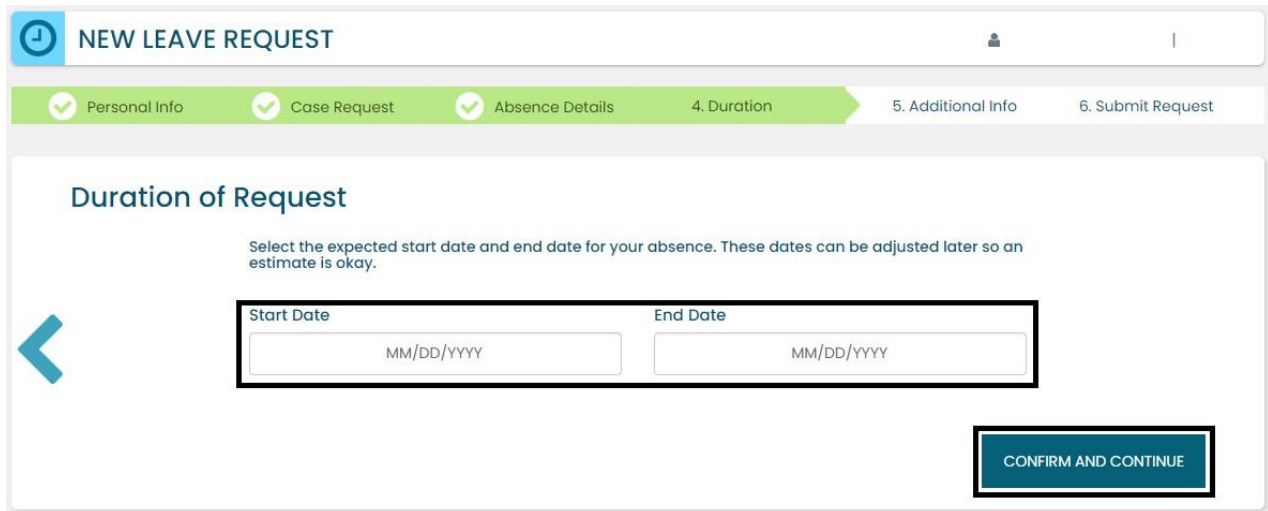
Absence Details

Consecutive time off is a block of time where you will not be present at work. Choose consecutive leave if you will be requesting a period of leave time without returning to work at all during your leave.

CONFIRM AND CONTINUE

Duration

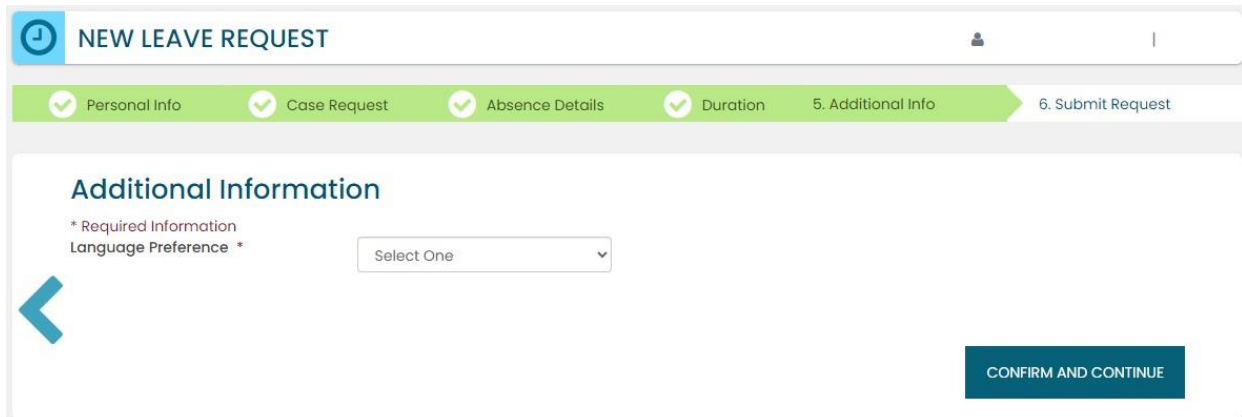
1. **Select** the *Duration of Request*.
2. **Enter** the expected *Start Date* and *End Date*. If there is uncertainty about the start and end dates of the leave of absence request, please give the best estimate. The Leave Case Manager can update the leave dates when we receive your required documentation or if your needs change.
3. **Select** *Confirm and Continue*.



Additional Information

1. **Select** the preferred language from the dropdown menu.

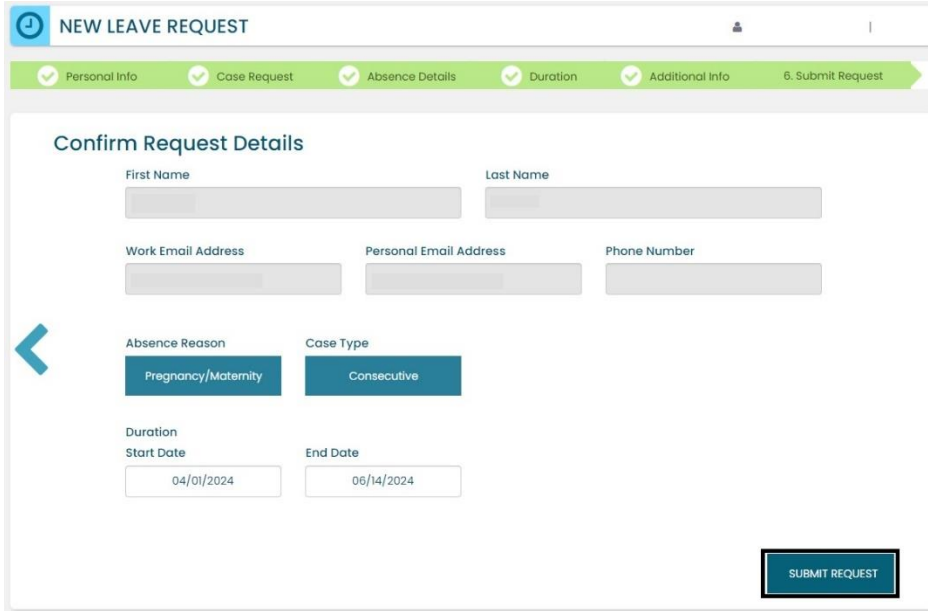
NOTE: this information is for tracking language needs. At this time, the ESS portal only supports English.



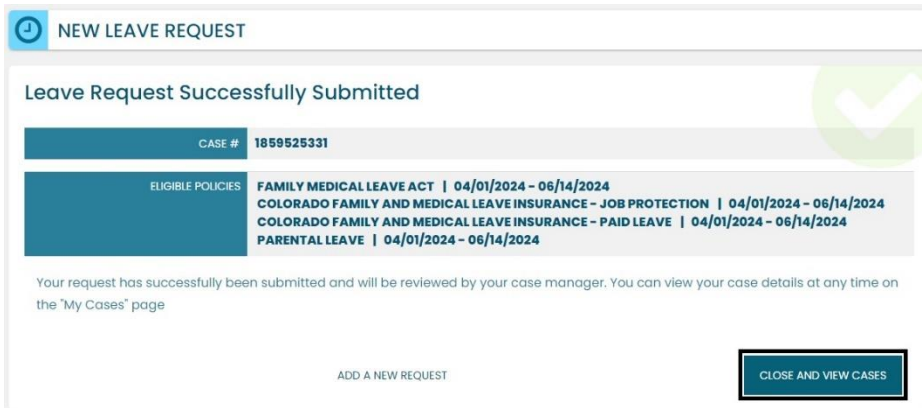
2. **Complete** the additional questions and acknowledgements on the *Additional Information* page.
 - a. **Read** the *Colorado Family and Medical Leave Insurance Program (FAMLI): Important Considerations* section of the user guide if you need additional information before deciding if you will opt-in to CU FAMLI leave for this LOA request.
 - b. If you are completing the request on behalf of an employee, complete the additional information section to the best of your ability.

Submit Request

1. **Review** the details of the request on the *Confirm Request Details* screen. Any changes can be made by clicking the back arrow OR by selecting any of the green section headers.
2. **Select *Submit Request***.



3. **Review** the following information on the *Confirmation* screen:
 - Case Number
 - Eligible Policies
4. **Select *Close and View Cases***



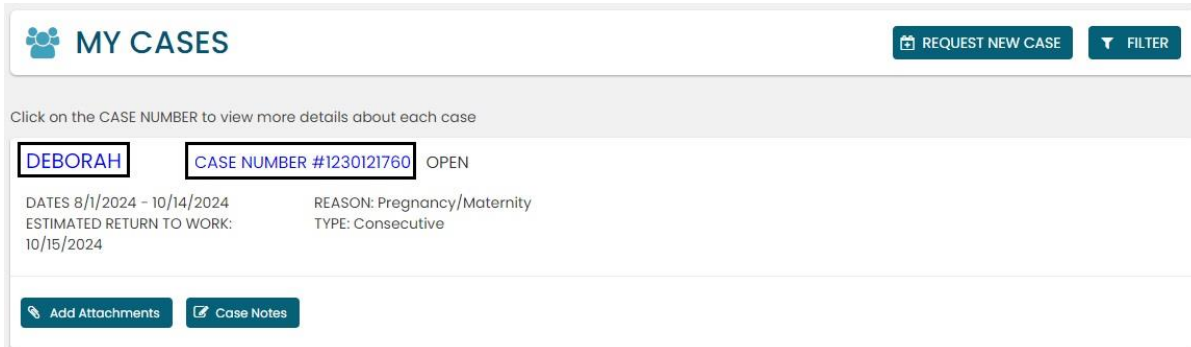
NOTE: Confirmation emails are not automatically sent. The Case Manager will send the employee and the manager/supervisor/HR contact a confirmation email with next steps **within five business days** after the request has been submitted in the ESS portal.

Pending Consecutive Leave Case

Once you or your employee has submitted a leave request, you will be able to access and review it from the Dashboard.

Access and Review and Your Personal Leave Case

1. **Select My Cases.**
2. **Select** your *NAME* to open and review the employee calendar. **NOTE:** If you select the case number you can review eligibility. You can also access the case number after you review the calendar. See step number four.

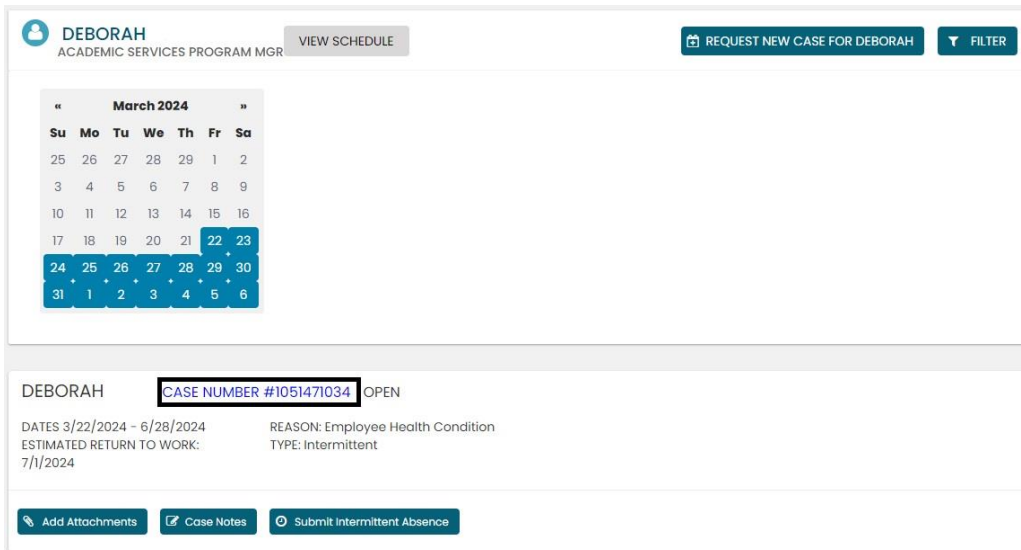


MY CASES REQUEST NEW CASE FILTER

Click on the CASE NUMBER to view more details about each case

DEBORAH **CASE NUMBER #1230121760** OPEN
 DATES 8/1/2024 - 10/14/2024 REASON: Pregnancy/Maternity
 ESTIMATED RETURN TO WORK: 10/15/2024 TYPE: Consecutive
 Add Attachments Case Notes

3. **Review** the Calendar. **NOTE: Select** the calendar arrows to navigate to the month your requested leave begins. Blue boxes on the calendar represent pending requests.
4. **Select** your *Case Number* to open and review leave policies eligibility.



DEBORAH VIEW SCHEDULE REQUEST NEW CASE FOR DEBORAH FILTER
 ACADEMIC SERVICES PROGRAM MGR

« **March 2024** »
 Su Mo Tu We Th Fr Sa
 25 26 27 28 29 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 1 2 3 4 5 6

DEBORAH **CASE NUMBER #1051471034** OPEN
 DATES 3/22/2024 - 6/28/2024 REASON: Employee Health Condition
 ESTIMATED RETURN TO WORK: 7/1/2024 TYPE: Intermittent
 Add Attachments Case Notes Submit Intermittent Absence

1. **Review** policy eligibility. They will remain in a pending status until Employee Services is able to review your case and collect the required documents to approve or deny the leave. Within five business days of submitting your request, you will receive an email from your Case Manager which will include the required documents and next steps.

NOTE: This is the same screen that appears if you select *Case Number* in step 2.

DEBORAH CASE NUMBER #1051471034 OPEN

DATES: 3/22/2024 - 6/28/2024 REASON: Employee Health Condition
 ESTIMATED RETURN TO WORK: 7/1/2024 TYPE: Intermittent
 PRIMARY ASSIGNEE: Cynthia Comfort


Custom Fields

LANGUAGE: English

PREFERENCE:

[Add Attachments](#) [Case Notes](#) [Submit Intermittent Absence](#)

POLICIES



 Family Medical Leave Act 03/22/2024 - 06/28/2024 03/22/2024 - 06/28/2024 Pending
Colorado Family and Medical Leave Insurance - Job Protection 03/22/2024 - 06/28/2024 03/22/2024 - 06/28/2024 Pending
Colorado Family and Medical Leave Insurance - Paid Leave 03/22/2024 - 06/28/2024 03/22/2024 - 06/28/2024 Pending

Access and Review an Employee’s Leave Case

1. **Select My Team.**
2. **Search** for your employee if their case does not appear.
3. **Select the employee’s name you wish to review.**

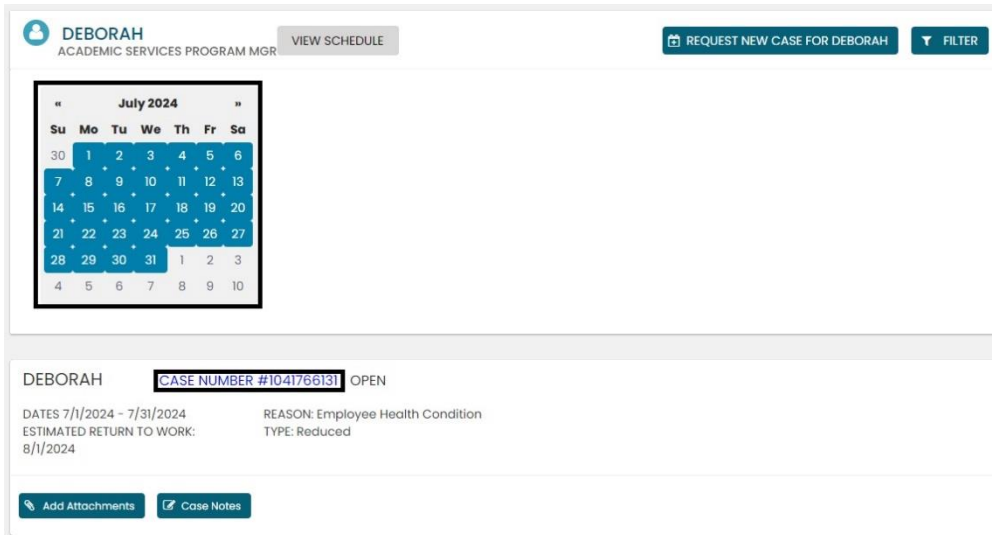
[MY CASES](#) [MY TEAM](#)

MY TEAM [VIEW CASES](#) [VIEW TEAM](#) [FILTER](#)

 DEBORAH	Employee ID#	1 Open Cases	Request New Case for Deborah
 ALEXANDRA	Employee ID#	1 Open Cases	Request New Case for Alexandra

4. **Review** the Calendar. **NOTE: Select** the calendar arrows to navigate to the month your requested leave begins. Blue boxes on the calendar represent pending requests.

5. **Select your Case Number** to open and review eligible leave policies.



DEBORAH
 ACADEMIC SERVICES PROGRAM MGR

VIEW SCHEDULE REQUEST NEW CASE FOR DEBORAH FILTER

July 2024

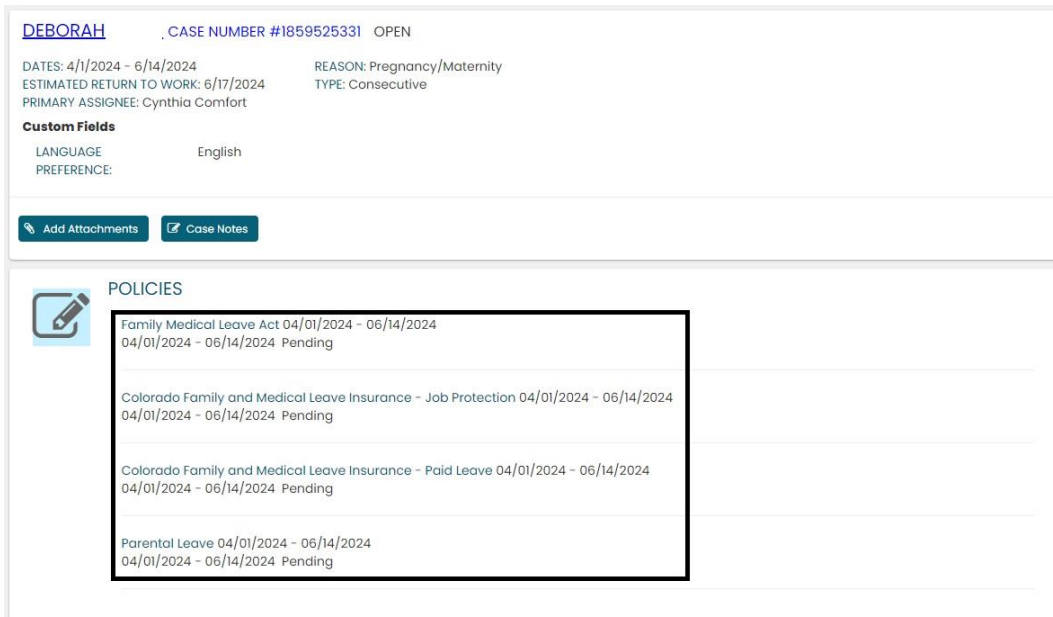
Su	Mo	Tu	We	Th	Fr	Sa
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

DEBORAH **CASE NUMBER #1041766131** OPEN

DATES 7/1/2024 - 7/31/2024 REASON: Employee Health Condition
 ESTIMATED RETURN TO WORK: 8/1/2024 TYPE: Reduced

Add Attachments Case Notes

6. **Review** eligible policies. They will remain in a pending status until Employee Services is able to review your case and collect the required documents to approve or deny the leave. Within five business days of submitting your request, you will receive an email from your Case Manager which will include the required documents and next steps.



DEBORAH **CASE NUMBER #1859525331** OPEN

DATES: 4/1/2024 - 6/14/2024 REASON: Pregnancy/Maternity
 ESTIMATED RETURN TO WORK: 6/17/2024 TYPE: Consecutive
 PRIMARY ASSIGNEE: Cynthia Comfort

Custom Fields
 LANGUAGE: English
 PREFERENCE:

Add Attachments Case Notes

POLICIES

Family Medical Leave Act 04/01/2024 - 06/14/2024 04/01/2024 - 06/14/2024 Pending
Colorado Family and Medical Leave Insurance - Job Protection 04/01/2024 - 06/14/2024 04/01/2024 - 06/14/2024 Pending
Colorado Family and Medical Leave Insurance - Paid Leave 04/01/2024 - 06/14/2024 04/01/2024 - 06/14/2024 Pending
Parental Leave 04/01/2024 - 06/14/2024 04/01/2024 - 06/14/2024 Pending

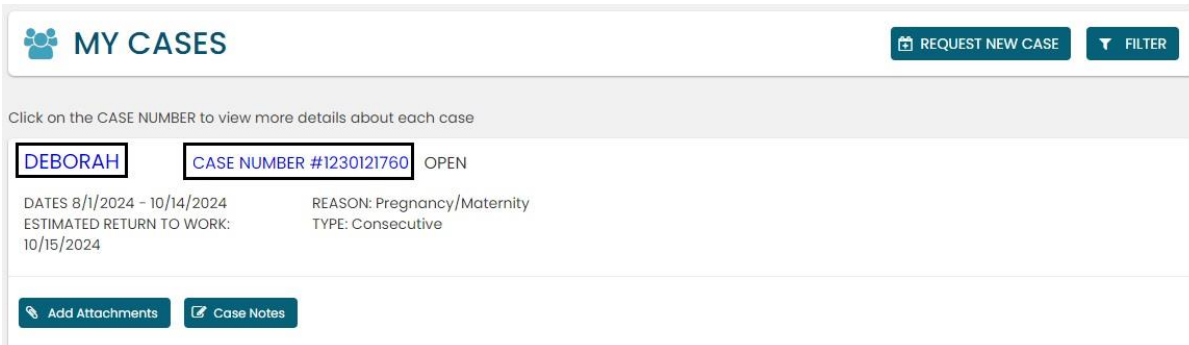
NOTE: The case will remain as *pending* until Employee Services approves or denies the leave.

Approved Consecutive Leave Case

Once a Consecutive leave case is approved by Employee Services, its status will update in ESS.

Access and Review and Your Personal Leave Case

1. **Select My Cases**
2. **Select** your *NAME* to open and review the employee calendar. **NOTE:** If you select the case number you can review eligibility. You can also access the case number after you review the calendar. See step number four.



MY CASES REQUEST NEW CASE FILTER

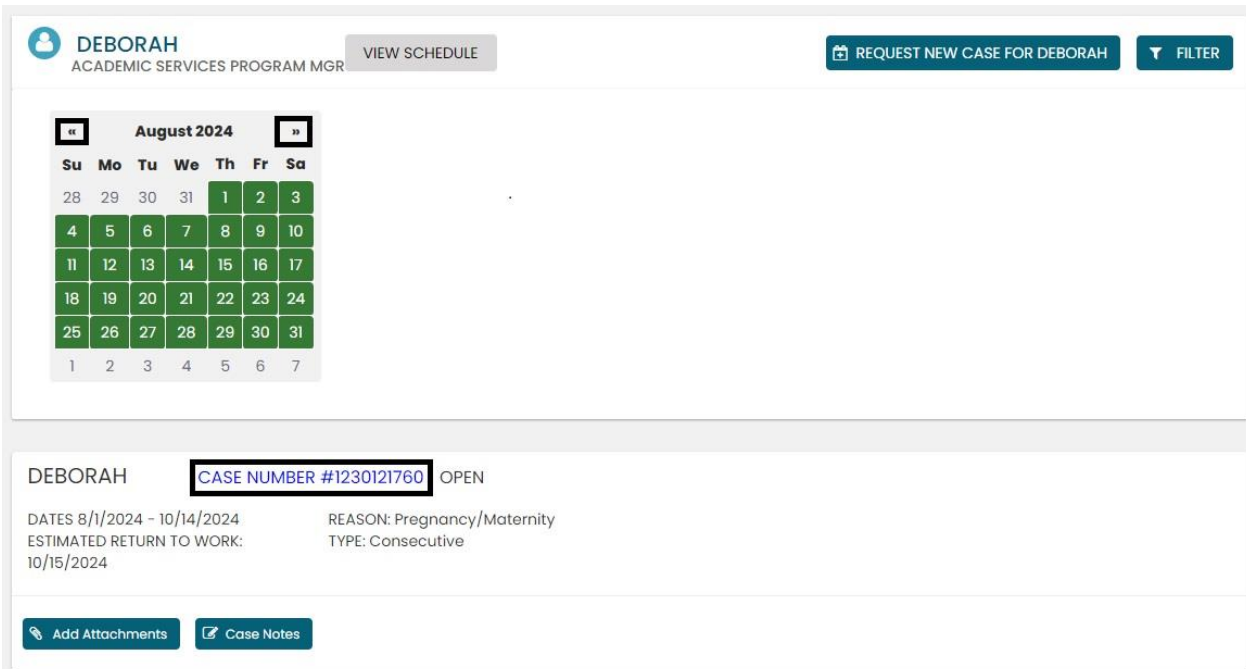
Click on the CASE NUMBER to view more details about each case

DEBORAH **CASE NUMBER #1230121760** OPEN

DATES 8/1/2024 - 10/14/2024 REASON: Pregnancy/Maternity
 ESTIMATED RETURN TO WORK: 10/15/2024 TYPE: Consecutive

Add Attachments Case Notes

3. **Review** requested leave on the calendar.
- NOTE:** The calendar will change based on the case status. **Select** the *forward arrow* on the calendar to advance to the month the leave will begin. The dates you requested for leave will be blue if pending, green if approved, and red if denied.
4. **Select** the *Case Number* to review case details. You will see that pending will have turned to approved or denied based on your eligibility.



DEBORAH ACADEMIC SERVICES PROGRAM MGR VIEW SCHEDULE REQUEST NEW CASE FOR DEBORAH FILTER

August 2024

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	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
1	2	3	4	5	6	7

DEBORAH **CASE NUMBER #1230121760** OPEN

DATES 8/1/2024 - 10/14/2024 REASON: Pregnancy/Maternity
 ESTIMATED RETURN TO WORK: 10/15/2024 TYPE: Consecutive



Add Attachments Case Notes


DEBORAH CASE NUMBER #1230121760 OPEN

DATES: 8/1/2024 - 10/14/2024 REASON: Pregnancy/Maternity
ESTIMATED RETURN TO WORK: 10/15/2024 TYPE: Consecutive
PRIMARY ASSIGNEE: Cynthia Comfort

Custom Fields

LANGUAGE English
PREFERENCE:

 **POLICIES**

Family Medical Leave Act 08/01/2024 - 10/14/2024
08/01/2024 - 10/14/2024 Approved

Colorado Family and Medical Leave Insurance - Job Protection 08/01/2024 - 10/14/2024
08/01/2024 - 10/14/2024 Approved

Colorado Family and Medical Leave Insurance - Paid Leave 08/01/2024 - 10/14/2024
08/01/2024 - 10/14/2024 Approved

Parental Leave 08/01/2024 - 10/14/2024
08/01/2024 - 10/14/2024 Approved

Paid Parental Leave 08/01/2024 - 10/14/2024
08/01/2024 - 09/11/2024 Approved
09/12/2024 - 10/14/2024 Denied : Exhausted

Leave Reporting Instructions

- The Leave Team will track consecutive leave usage according to the employee’s approved designation notice. Requested and/or approved consecutive leave dates can be reviewed in the self-service portal at any time. If you need to change the continuous leave dates, please contact the leave case manager at leave@cu.edu.
- The employee (or supervisor and/or department HR contact) is required to report any FAML I supplemental leave, regular work time and personal leave via the employee’s regular reporting method. The employee is encouraged to work with their supervisor and/or department HR contact should they need assistance with this process.

Exception: 9-month contract faculty and contract graduate students do not need to submit time through any other reporting mechanism.

You have completed the Consecutive Leave Instructions.

Select one of the following to continue:

[Table of Contents](#)

[Resources](#)

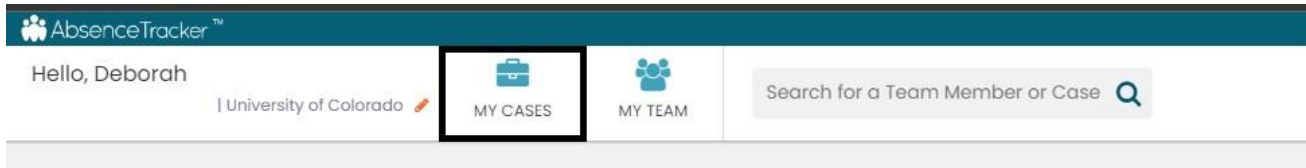
Apply For and Manage Intermittent Leave of Absence

Intermittent leave should be requested if you or your employee require small increments of time off from work periodically to attend appointments with a healthcare provider or to treat a condition that may periodically prohibit you from working. If you are unsure please review [How to Determine Your Leave Type](#) before proceeding.

Applying for Intermittent

If you are requesting a new case for yourself:

3. Select *My Cases* on the *Dashboard*

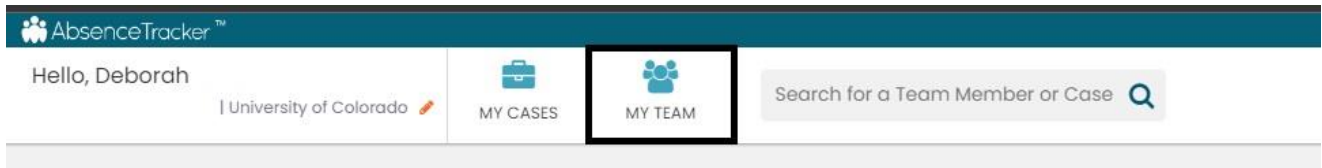


4. Select *Request a New Case*.



If you are requesting a new case for an employee:

3. Select *My Team* on the *Dashboard*.

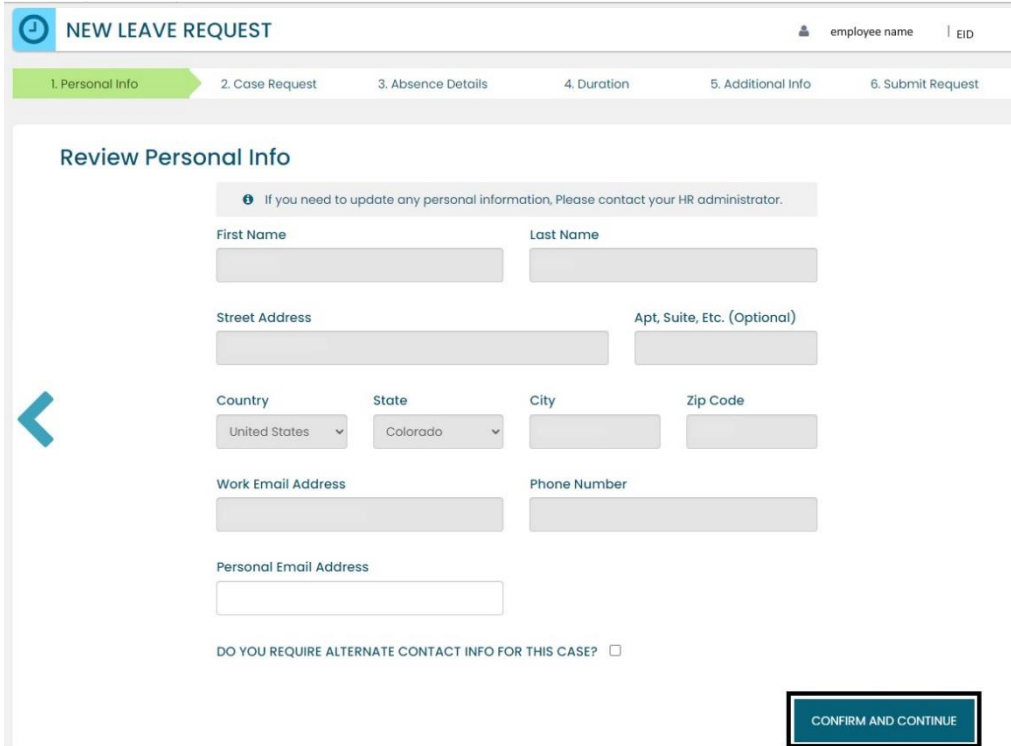


4. Use the *Search for a Team Member or Case* to find the employee OR select *View Team*.



Personal Information

1. **Review** the personal information for accuracy. Personal Information cannot be edited in the ESS portal. Managers/supervisors should contact the HR representative to update personal information for themselves. If they need to update personal information on behalf of an employee, they should ensure the employee is aware of the updates being made and contact the HR representative to make the changes.



NEW LEAVE REQUEST | employee name | EID

1. Personal Info | 2. Case Request | 3. Absence Details | 4. Duration | 5. Additional Info | 6. Submit Request

Review Personal Info

If you need to update any personal information, Please contact your HR administrator.

First Name: Last Name:

Street Address: Apt, Suite, Etc. (Optional):

Country: State: City: Zip Code:

Work Email Address: Phone Number:

Personal Email Address:

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?

CONFIRM AND CONTINUE

2. **Add** an alternate email or mailing address if applicable for the duration of your request. **Check** the box and **complete** the information.

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?

Enter Alternate Contact Info

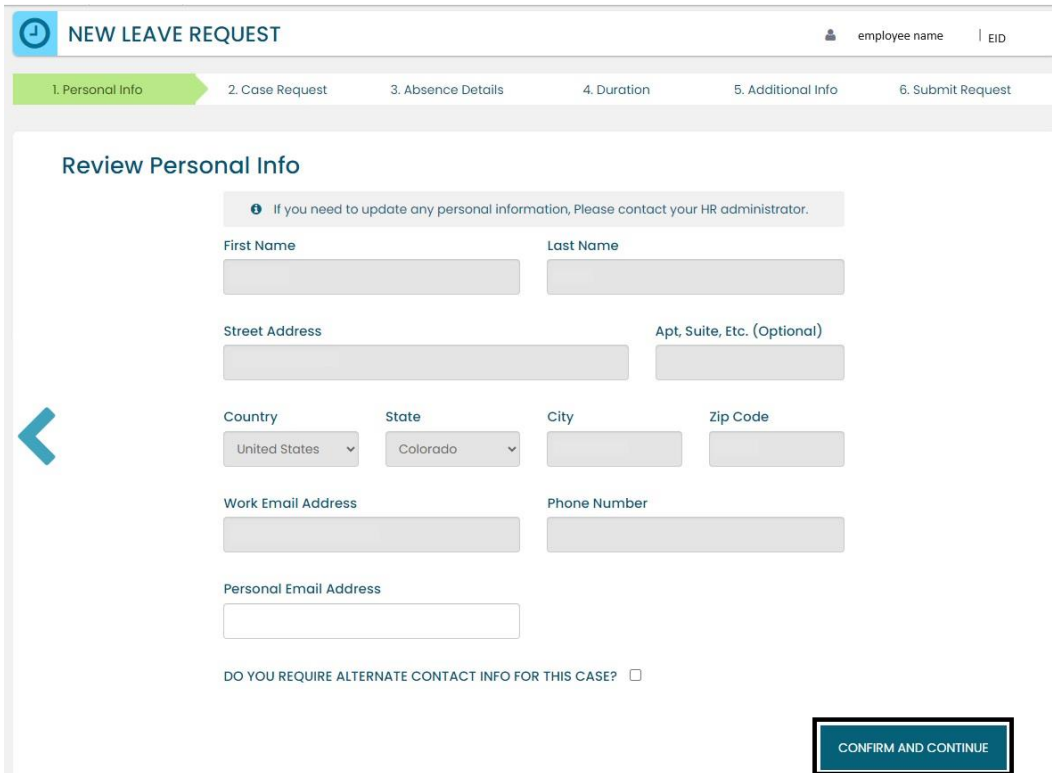
This information applies to this case only

Personal Email Address: Phone Number:

Street Address: Apt, Suite, Etc. (Optional):

Country: State: City: Zip Code:

3. **Select Confirm and Continue.**



NEW LEAVE REQUEST | employee name | EID

1. Personal Info | 2. Case Request | 3. Absence Details | 4. Duration | 5. Additional Info | 6. Submit Request

Review Personal Info

If you need to update any personal information, Please contact your HR administrator.

First Name: [Text Field] | Last Name: [Text Field]

Street Address: [Text Field] | Apt. Suite, Etc. (Optional): [Text Field]

Country: [Dropdown: United States] | State: [Dropdown: Colorado] | City: [Text Field] | Zip Code: [Text Field]

Work Email Address: [Text Field] | Phone Number: [Text Field]

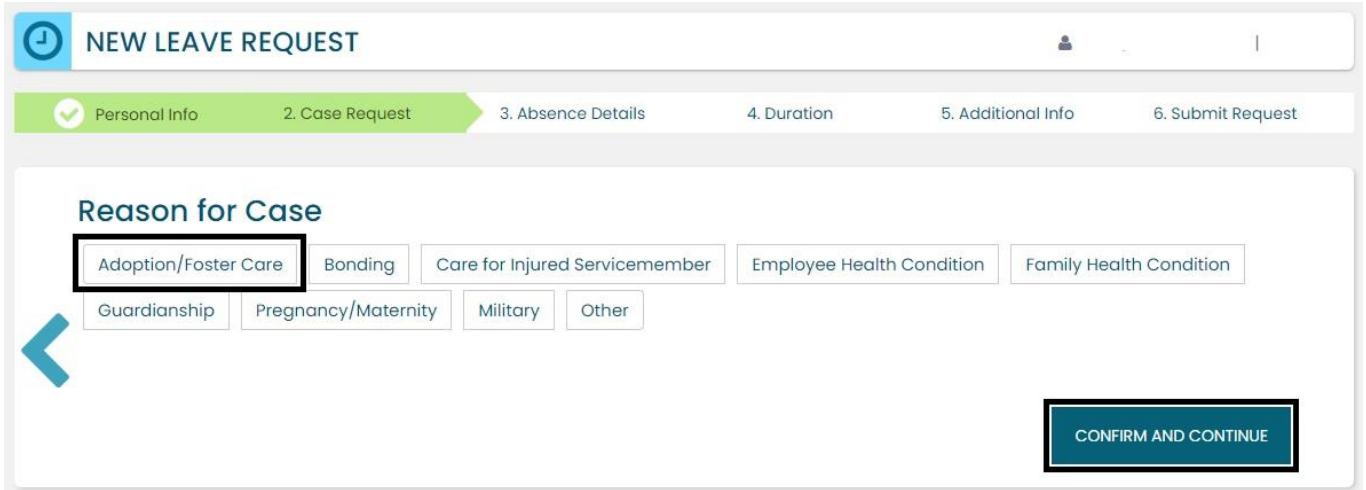
Personal Email Address: [Text Field]

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?

CONFIRM AND CONTINUE

Reason for Case

1. **Select** the appropriate *Reason for Case*. Refer to [Reason for Case Definitions](#) if needed. Additional information regarding your case may appear after you select your case reason.
2. **Complete** all required information (dependent upon reason selected).



NEW LEAVE REQUEST | | |

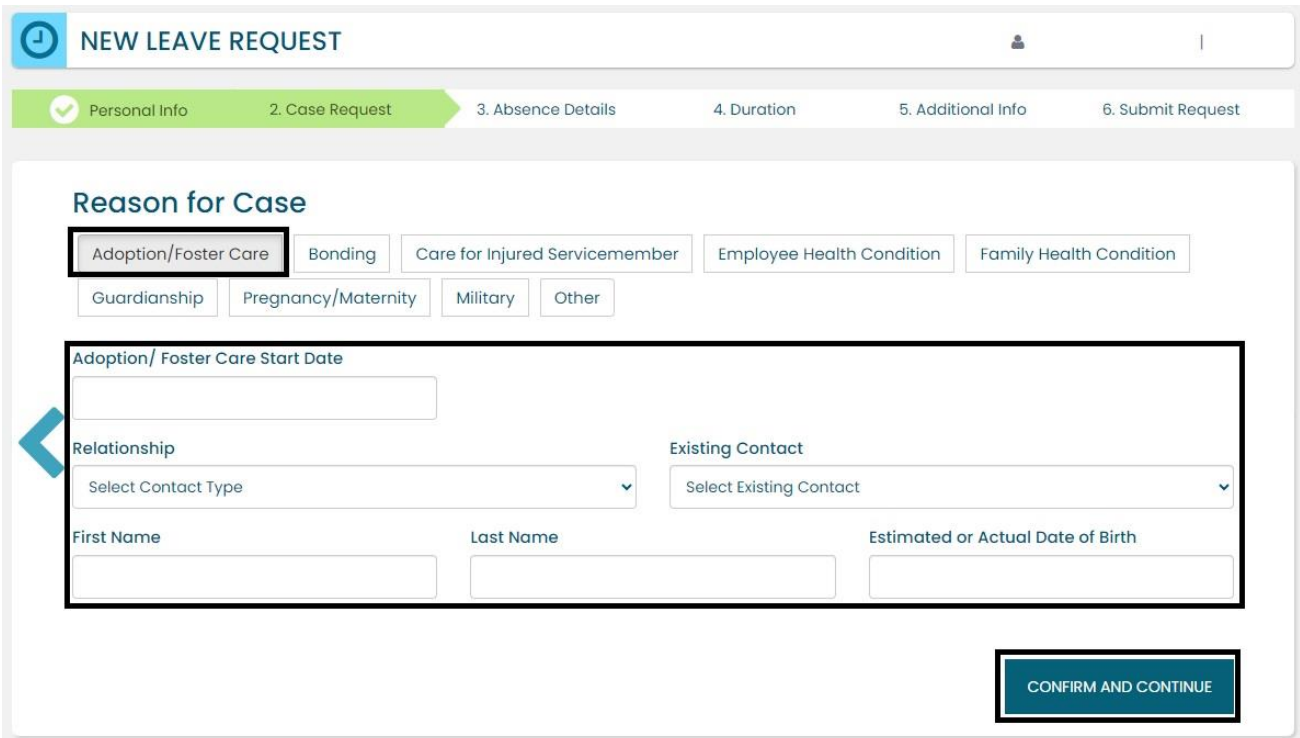
Personal Info | 2. Case Request | 3. Absence Details | 4. Duration | 5. Additional Info | 6. Submit Request

Reason for Case

Adoption/Foster Care | Bonding | Care for Injured Servicemember | Employee Health Condition | Family Health Condition

Guardianship | Pregnancy/Maternity | Military | Other

CONFIRM AND CONTINUE



NEW LEAVE REQUEST

1. Personal Info 2. Case Request **3. Absence Details** 4. Duration 5. Additional Info 6. Submit Request

Reason for Case

Adoption/Foster Care
 Bonding
 Care for Injured Servicemember
 Employee Health Condition
 Family Health Condition
 Guardianship
 Pregnancy/Maternity
 Military
 Other

Adoption/ Foster Care Start Date

Relationship: Select Contact Type

Existing Contact: Select Existing Contact

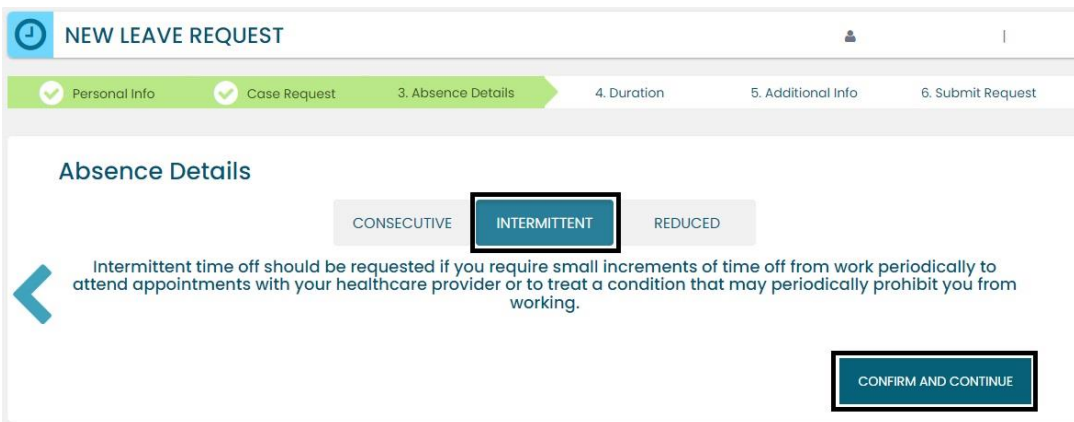
First Name: _____ Last Name: _____ Estimated or Actual Date of Birth: _____

CONFIRM AND CONTINUE

3. Select *Confirm and Continue*.

Absence Details

1. Select Intermittent in the *Absence Details*. If you are unsure of your leave type select [Determining your Leave Type](#).
2. Select *Confirm and Continue*.



NEW LEAVE REQUEST

1. Personal Info 2. Case Request **3. Absence Details** 4. Duration 5. Additional Info 6. Submit Request

Absence Details

CONSECUTIVE
 INTERMITTENT
 REDUCED

Intermittent time off should be requested if you require small increments of time off from work periodically to attend appointments with your healthcare provider or to treat a condition that may periodically prohibit you from working.

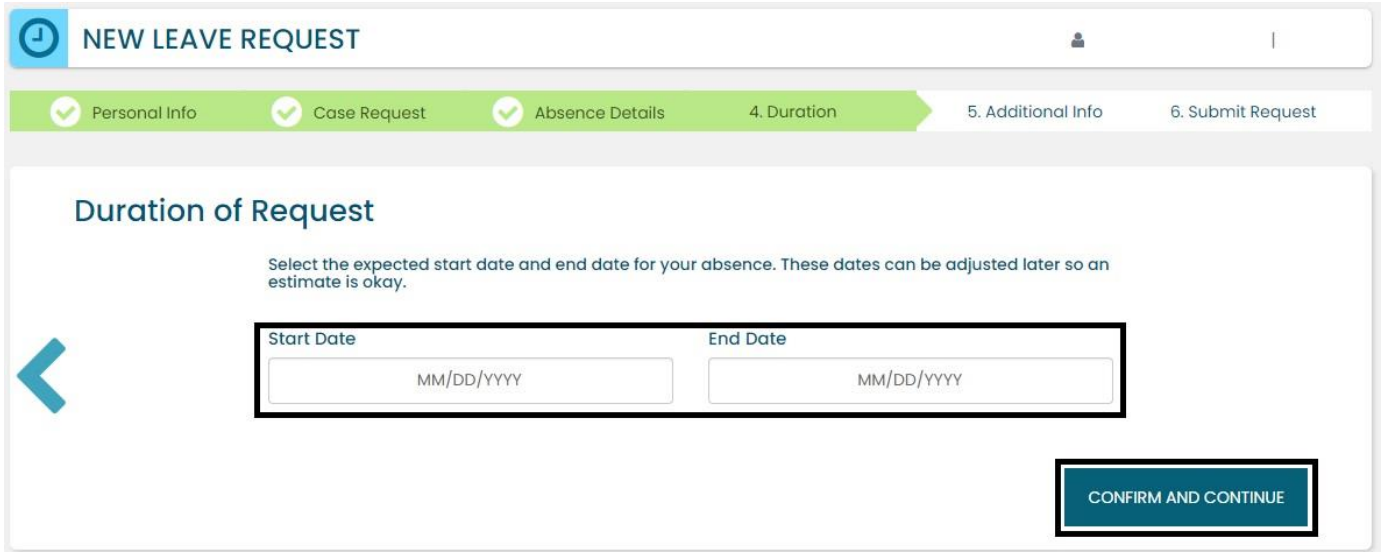
CONFIRM AND CONTINUE

Duration

1. **Select** the *Duration of Request*.
2. **Enter** the expected *Start Date* and *End Date*.

NOTE: for *Intermittent Leave* – **Enter** the full duration of your request. If you are unsure about the start and end dates of you or your employee’s intermittent leave request, please give us your best estimate. The Case Manager can update the leave dates when we receive the required documentation or if needs change.

3. **Select** *Confirm and Continue*.

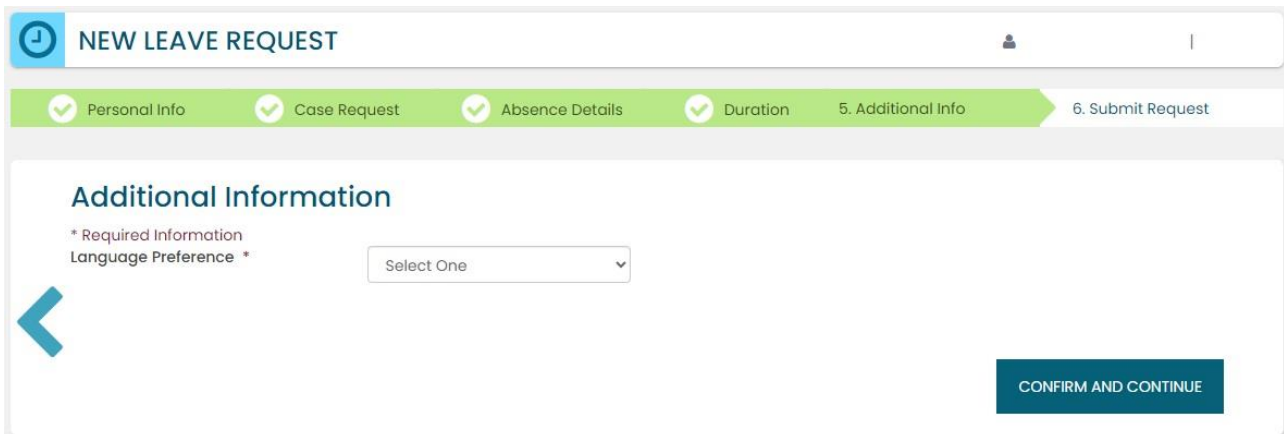


The screenshot shows the 'NEW LEAVE REQUEST' interface. At the top, a progress bar indicates the current step is '4. Duration', with previous steps 'Personal Info', 'Case Request', and 'Absence Details' marked as complete. The main content area is titled 'Duration of Request' and contains the instruction: 'Select the expected start date and end date for your absence. These dates can be adjusted later so an estimate is okay.' Below this instruction are two input fields: 'Start Date' and 'End Date', both with a placeholder 'MM/DD/YYYY'. A blue arrow on the left points back to the previous step. A 'CONFIRM AND CONTINUE' button is located at the bottom right of the form.

Additional Information

1. **Select** your preferred language from the dropdown menu.

NOTE: this information is for tracking language needs. At this time, the ESS portal only supports English.

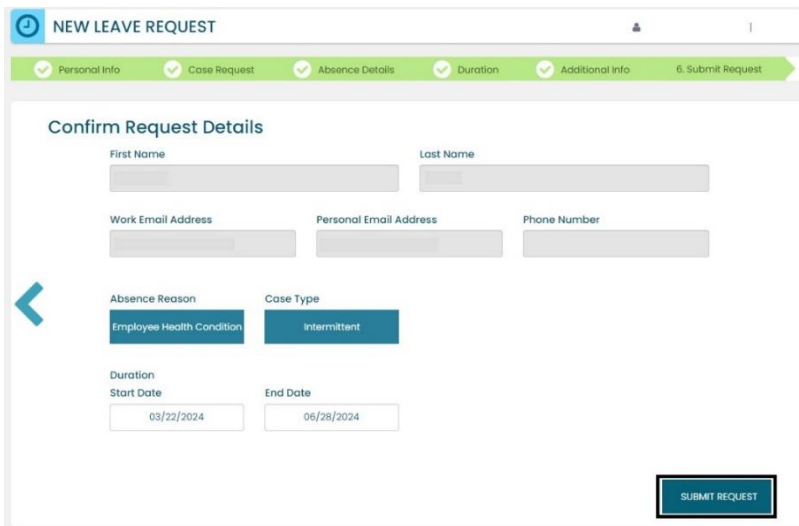


The screenshot shows the 'NEW LEAVE REQUEST' interface. The progress bar now indicates the current step is '5. Additional Info', with 'Duration' also marked as complete. The main content area is titled 'Additional Information' and contains the instruction: '* Required Information Language Preference *'. Below this instruction is a dropdown menu with the text 'Select One'. A blue arrow on the left points back to the previous step. A 'CONFIRM AND CONTINUE' button is located at the bottom right of the form.

2. **Complete** the additional questions and acknowledgements on the *Additional Information* page.
 - a. **Read** the *Colorado Family and Medical Leave Insurance Program (FAMLI): Important Considerations* section of the user guide if you need additional information before deciding if you will opt-in to CU FAMLI leave for this LOA request.
 - b. If you are completing the request on behalf of an employee, complete the additional information section to the best of your ability.

Submit Request

1. **Review** the details of your request on the *Confirm Request Details* screen. Any changes can be made by selecting the back arrow OR by selecting any of the green section headers.
2. **Select** *Submit Request*.



NEW LEAVE REQUEST

Personal Info Case Request Absence Details Duration Additional Info 6. Submit Request

Confirm Request Details

First Name Last Name

Work Email Address Personal Email Address Phone Number

Absence Reason Case Type

Employee Health Condition Intermittent

Duration


Start Date End Date


03/22/2024 06/28/2024

SUBMIT REQUEST

3. **Review** the following information on the *Confirmation* screen:
 - Case Number
 - Eligible Policies

4. Select Close and View Cases.

 NEW LEAVE REQUEST

Leave Request Successfully Submitted 

CASE #	1051471034
ELIGIBLE POLICIES	FAMILY MEDICAL LEAVE ACT 03/22/2024 - 06/28/2024 COLORADO FAMILY AND MEDICAL LEAVE INSURANCE - JOB PROTECTION 03/22/2024 - 06/28/2024 COLORADO FAMILY AND MEDICAL LEAVE INSURANCE - PAID LEAVE 03/22/2024 - 06/28/2024

Your request has successfully been submitted and will be reviewed by your case manager. You can view your case details at any time on the "My Cases" page

ADD A NEW REQUEST **CLOSE AND VIEW CASES**

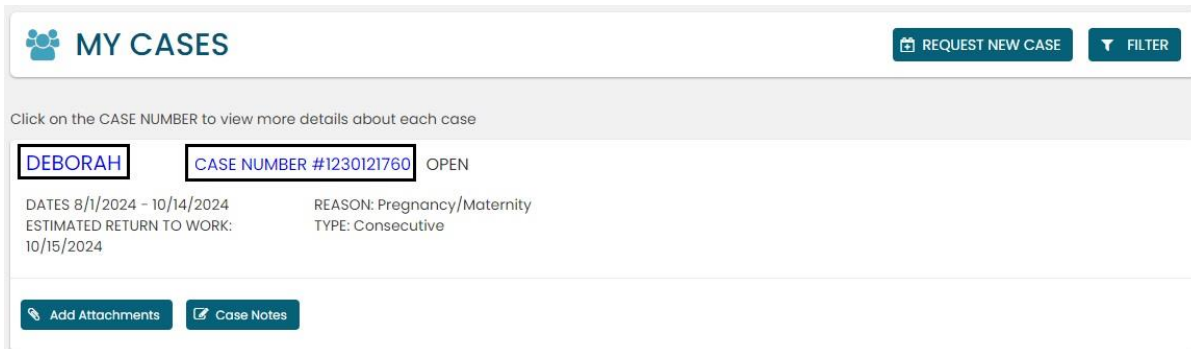
NOTE: Confirmation emails are not automatically sent. The Case Manager will send the employee and the manager/supervisor/HR contact a confirmation email with next steps **within five business days** after the request has been submitted in the ESS portal.

Pending Intermittent Leave Case Request

Once you or your employee has submitted a leave request, you will be able to access and review it from the Dashboard.

Access and Review and Your Personal Leave Case

1. **Select My Cases.**
2. **Select** your *NAME* to open and review the employee calendar. **NOTE:** If you select the case number you can review eligibility. You can also access the case number after you review the calendar. See step number four.

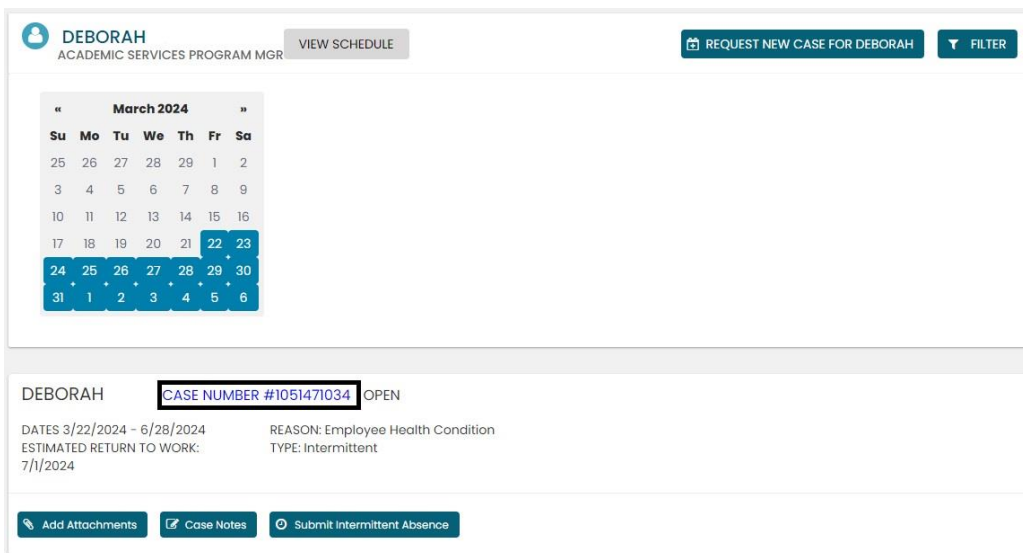


MY CASES REQUEST NEW CASE FILTER

Click on the CASE NUMBER to view more details about each case

DEBORAH **CASE NUMBER #1230121760** OPEN
 DATES 8/1/2024 - 10/14/2024 REASON: Pregnancy/Maternity
 ESTIMATED RETURN TO WORK: 10/15/2024 TYPE: Consecutive
 Add Attachments Case Notes

3. **Review** the Calendar. **NOTE:** **Select** the calendar arrows to navigate to the month your requested leave begins. Blue boxes on the calendar represent pending requests.
4. **Select** your *Case Number* to open and review leave policies eligibility.



DEBORAH VIEW SCHEDULE REQUEST NEW CASE FOR DEBORAH FILTER
 ACADEMIC SERVICES PROGRAM MGR

« **March 2024** »
 Su Mo Tu We Th Fr Sa
 25 26 27 28 29 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 1 2 3 4 5 6

DEBORAH **CASE NUMBER #1051471034** OPEN
 DATES 3/22/2024 - 6/28/2024 REASON: Employee Health Condition
 ESTIMATED RETURN TO WORK: 7/1/2024 TYPE: Intermittent
 Add Attachments Case Notes Submit Intermittent Absence

- Review** policy eligibility. They will remain in a pending state until Employee Services approves or denies the leave. **NOTE:** this is the same screen that appears if you select *Case Number* in step 2.

DEBORAH **CASE NUMBER #1051471034** OPEN


DATES: 3/22/2024 - 6/28/2024 REASON: Employee Health Condition
ESTIMATED RETURN TO WORK: 7/1/2024 TYPE: Intermittent
PRIMARY ASSIGNEE: Cynthia Comfort

Custom Fields

LANGUAGE: English
PREFERENCE:

[Add Attachments](#) [Case Notes](#) [Submit Intermittent Absence](#)

POLICIES

 Family Medical Leave Act 03/22/2024 - 06/28/2024
03/22/2024 - 06/28/2024 Pending

Colorado Family and Medical Leave Insurance - Job Protection 03/22/2024 - 06/28/2024
03/22/2024 - 06/28/2024 Pending


Colorado Family and Medical Leave Insurance - Paid Leave 03/22/2024 - 06/28/2024
03/22/2024 - 06/28/2024 Pending

Access and Review an Employee’s Leave Case



- Select *My Team*.
- Search** for your employee if their case does not appear.
- Select the *employee’s name you wish to review*.

MY CASES
MY TEAM


Search for a Team Member or Case


MY TEAM

[VIEW CASES](#)
[VIEW TEAM](#)
[FILTER](#)

	DEBORAH	Employee ID# 1 Open Cases	Request New Case for Deborah
	ALEXANDRA	Employee ID# 1 Open Cases	Request New Case for Alexandra


- Review** the Calendar. **NOTE: Select** the calendar arrows to navigate to the month your requested leave begins. Blue boxes on the calendar represent pending requests.
- Select your *Case Number* to open and review eligible leave policies..


DEBORAH
ACADEMIC SERVICES PROGRAM MGR

[VIEW SCHEDULE](#)

[REQUEST NEW CASE FOR DEBORAH](#)

[FILTER](#)



DEBORAH CASE NUMBER #1041766131 OPEN

DATES: 7/1/2024 - 7/31/2024 REASON: Employee Health Condition
ESTIMATED RETURN TO WORK: 8/1/2024 TYPE: Reduced

[Add Attachments](#)
[Case Notes](#)

6. **Review** eligible policies. They will remain in a pending status until Employee Services is able to review your case and collect the required documents to approve or deny the leave. Within five business days of submitting your request, you will receive an email from your Case Manager which will include the required documents and next steps.

[DEBORAH](#)

CASE NUMBER #1859525331 OPEN

DATES: 4/1/2024 - 6/14/2024 REASON: Pregnancy/Maternity
ESTIMATED RETURN TO WORK: 6/17/2024 TYPE: Consecutive
PRIMARY ASSIGNEE: Cynthia Comfort

Custom Fields

LANGUAGE: English
PREFERENCE:

[Add Attachments](#)
[Case Notes](#)

POLICIES

Family Medical Leave Act 04/01/2024 - 06/14/2024
04/01/2024 - 06/14/2024 Pending

Colorado Family and Medical Leave Insurance - Job Protection 04/01/2024 - 06/14/2024
04/01/2024 - 06/14/2024 Pending

Colorado Family and Medical Leave Insurance - Paid Leave 04/01/2024 - 06/14/2024
04/01/2024 - 06/14/2024 Pending

Parental Leave 04/01/2024 - 06/14/2024
04/01/2024 - 06/14/2024 Pending

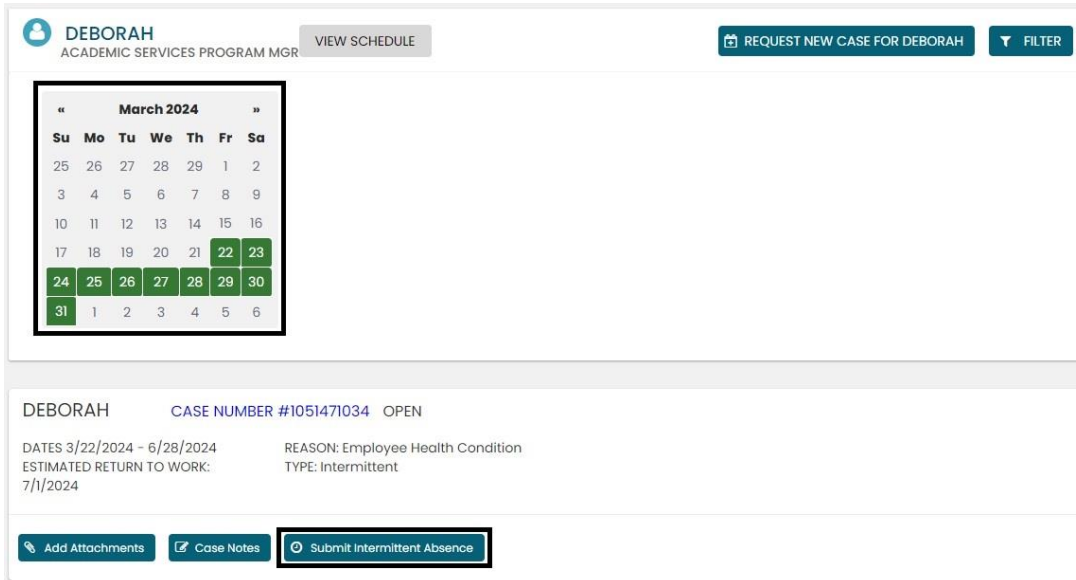
Approved Intermittent Leave Case

Once your intermittent leave case is approved, its status will update in ESS.

Access and Review and Your Personal Leave Case

1. **Select My Cases**
2. **Select your NAME** to open and review the employee calendar. **NOTE:** If you select the case number you can review eligibility. You can also access the case number after you review the calendar. See step number four.

Your calendar will change based on the Case statuses. The dates you requested for leave will be blue if pending, green if approved, and red if denied. In this example the dashboard reflects an approved case. You will now see green calendar dates and the Submit Intermittent Absence button is available. Select [Reporting Intermittent Time Off](#) for more details on reporting your intermittent leave usage.



DEBORAH
 ACADEMIC SERVICES PROGRAM MGR

VIEW SCHEDULE

REQUEST NEW CASE FOR DEBORAH FILTER

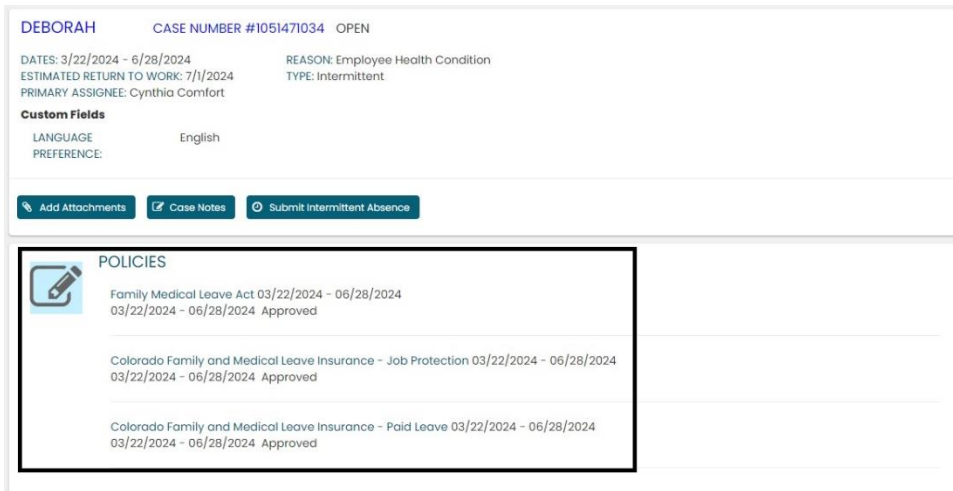
March 2024						
Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

DEBORAH CASE NUMBER #1051471034 OPEN

DATES 3/22/2024 - 6/28/2024 REASON: Employee Health Condition
 ESTIMATED RETURN TO WORK: 7/1/2024 TYPE: Intermittent

Add Attachments Case Notes **Submit Intermittent Absence**

1. **Select the Case Number** to review case details. You will see that pending will have turned to approved or denied based on your eligibility.



DEBORAH CASE NUMBER #1051471034 OPEN

DATES: 3/22/2024 - 6/28/2024 REASON: Employee Health Condition
 ESTIMATED RETURN TO WORK: 7/1/2024 TYPE: Intermittent
 PRIMARY ASSIGNEE: Cynthia Comfort

Custom Fields
 LANGUAGE: English
 PREFERENCE:

Add Attachments Case Notes Submit Intermittent Absence

POLICIES

- Family Medical Leave Act 03/22/2024 - 06/28/2024
03/22/2024 - 06/28/2024 Approved
- Colorado Family and Medical Leave Insurance - Job Protection 03/22/2024 - 06/28/2024
03/22/2024 - 06/28/2024 Approved
- Colorado Family and Medical Leave Insurance - Paid Leave 03/22/2024 - 06/28/2024
03/22/2024 - 06/28/2024 Approved

Leave Reporting Instructions

While on intermittent leave, employees are required to submit leave on a monthly basis using the self-service portal to help ensure accurate tracking and pay. A supervisor/manager or HR contact can do so on the employee's behalf.

FAMLI Supplemental Leave, Regular Work time and Personal Leave

- Do not report any personal leave or regular work time in the self-service portal.
- Report FAMLI supplemental leave, regular work time and any personal leave via your regular reporting method. Employees should work with their supervisor and/or department HR contact should they need assistance with this process.

Exception: 9-month contract faculty and contract graduate students do not need to submit time through any other reporting mechanism.

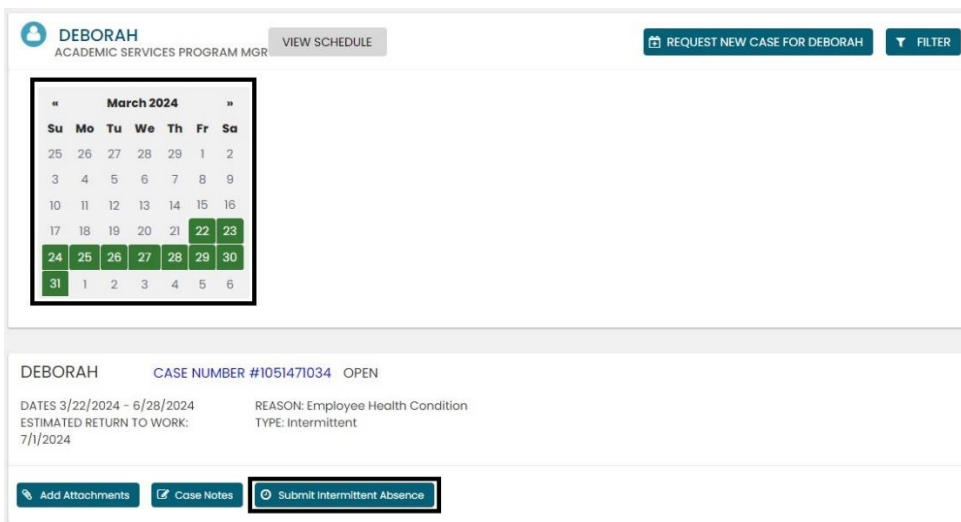
Leave Reporting

- Report all leave time in the self-service portal by following the steps below.
- Report leave usage as soon as leave is taken or as soon as you are aware that leave will be needed. All intermittent leave requests are due in the ESS portal **no later than the 5th day** of each month following the month in which the leave was taken.

Example: All intermittent leave requests for April should be submitted by May 5th.

- If employees do not provide leave reporting information by the 5th day of each month and are on an approved FAMLI leave, they may not receive FAMLI pay in their next monthly paycheck. Employee Services will retroactively pay the FAMLI benefit at a later time when the leave information is received.
- If an employee does not take any leave in a given month, there is no need to take action.

1. **Select** the *Submit Intermittent Absence* button.



The screenshot shows the ESS portal interface for a user named DEBORAH, an Academic Services Program MGR. At the top, there are buttons for 'VIEW SCHEDULE', 'REQUEST NEW CASE FOR DEBORAH', and 'FILTER'. Below this is a calendar for March 2024. The calendar shows dates from 25 to 31, with the 22nd and 23rd highlighted in green. Below the calendar, there is a case summary for DEBORAH with case number #1051471034, which is OPEN. The dates are 3/22/2024 - 6/28/2024, and the reason is 'Employee Health Condition'. The estimated return to work is 7/1/2024, and the type is 'Intermittent'. At the bottom, there are three buttons: 'Add Attachments', 'Case Notes', and 'Submit Intermittent Absence', with the last one highlighted in a dark blue box.

2. **Select** the date on the calendar you are entering leave usage for. This will auto populate the date box.
3. **Select** the reason for your time off. **NOTE:** Employees on intermittent parental leave should choose *Incapacity* since there is no bonding leave option.
4. **Enter** the amount of leave being requested for that date in hours and minutes.

Example: 4h 0m or 2h 30m

5. Select Submit.

Submit Intermittent Absence

Select the Date of your time off

Select the reason for your time off

Incapacity: The inability to work or perform other regular daily activities due to the serious health condition or treatment and recovery from a serious health condition for you or a covered family member.

Treatment/Office Visit: Includes (but is not limited to) examinations to determine if a serious health condition exists and evaluations and treatment of the condition for you or a covered family member. It does not include routine physical, eye, or dental examinations.


How much time do you need?

March 2024						
Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	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	1	2	3	4	5	6

CANCEL
SUBMIT

The dashboard will now reflect the days entered.

6. **Review** the time you have entered.
7. Each intermittent leave request must be approved by the Case Manager to ensure it falls within the approved leave schedule and will remain in a pending status on the leave tracking calendar until the approval is complete.
8. **Select Edit Intermittent Absence** if you need to make changes.



DEBORAH
ACADEMIC SERVICES PROGRAM MGR

VIEW SCHEDULE

REQUEST NEW CASE FOR DEBORAH
FILTER

March 2024						
Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	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	1	2	3	4	5	6

TIME OFF REQUESTS

DATE: 3/27/2024 TIME OFF: 3 hours 30 minutes

DATE: 3/26/2024 TIME OFF: 3 hours

DATE: 3/25/2024 TIME OFF: 4 hours

DEBORAH CASE NUMBER #1051471034 OPEN

DATES 3/22/2024 - 6/28/2024 REASON: Employee Health Condition

ESTIMATED RETURN TO WORK: 7/1/2024 TYPE: Intermittent

Add Attachments
Case Notes
Submit Intermittent Absence
Edit Intermittent Absence

**You have completed the Intermittent Leave Instructions.
Select one of the following to continue:**

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[Resources](#)

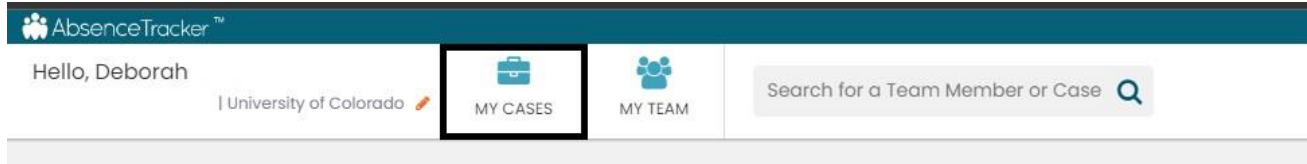
Apply for and Manage Reduced Schedule Leave of Absence

Reduced schedule leave should be requested if you or your employee need to consistently reduce the number of hours you work on a daily or weekly basis. Reduced schedules are consistent and there are no changes to the work schedule during the period of approved leave. If you are unsure please review [How to Determine Your Leave Type](#) before proceeding.

Applying for Reduced Schedule Leave

If you are requesting a new case for yourself:

5. Select *My Cases* on the *Dashboard*.

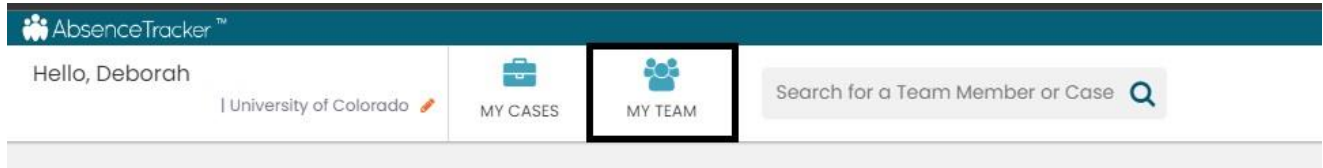


6. Select *Request a New Case*.



If you are requesting a new case for an employee:

5. Select *My Team* on the *Dashboard*.

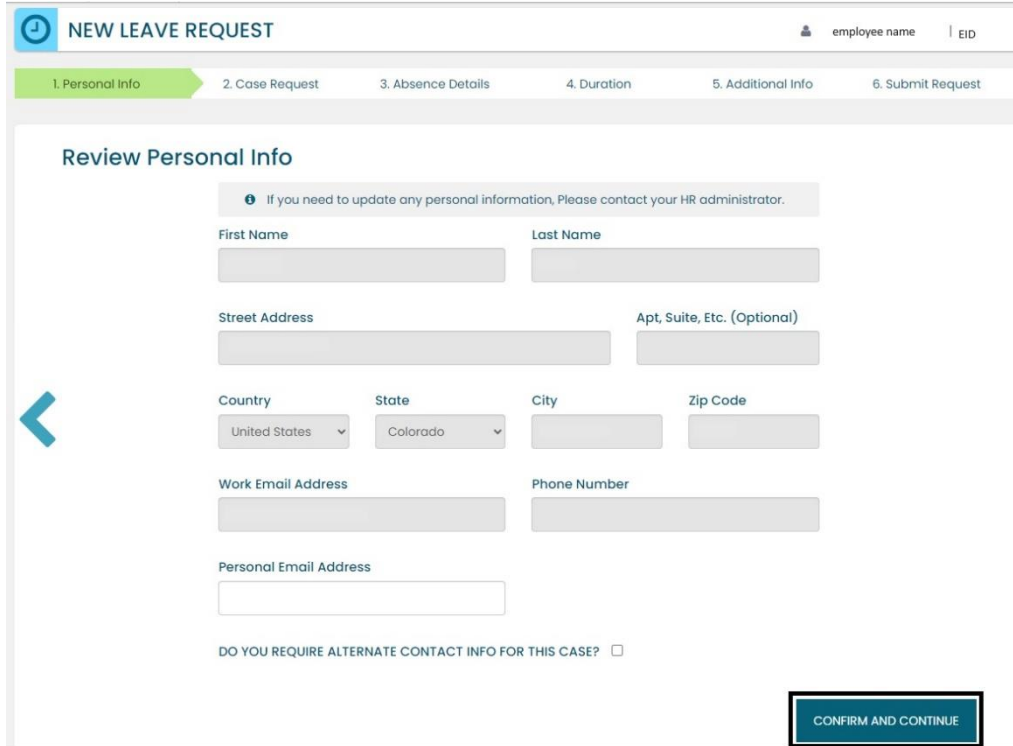


6. Use the *Search for a Team Member or Case* to find the employee OR select *View Team*.



Personal Information

1. **Review** the personal information for accuracy. Personal Information cannot be edited in the ESS portal. Managers/supervisors should contact the HR representative to update personal information for themselves. If they need to update personal information on behalf of an employee, they should ensure the employee is aware of the updates being made and contact the HR representative to make the changes.



NEW LEAVE REQUEST | employee name | EID

1. Personal Info | 2. Case Request | 3. Absence Details | 4. Duration | 5. Additional Info | 6. Submit Request

Review Personal Info

If you need to update any personal information, Please contact your HR administrator.

First Name: Last Name:

Street Address: Apt. Suite, Etc. (Optional):

Country: State: City: Zip Code:

Work Email Address: Phone Number:

Personal Email Address:

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?

CONFIRM AND CONTINUE

2. **Add** an alternate email or mailing address if applicable for the duration of the request. **Check** the box and **complete** the information.

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?

Enter Alternate Contact Info

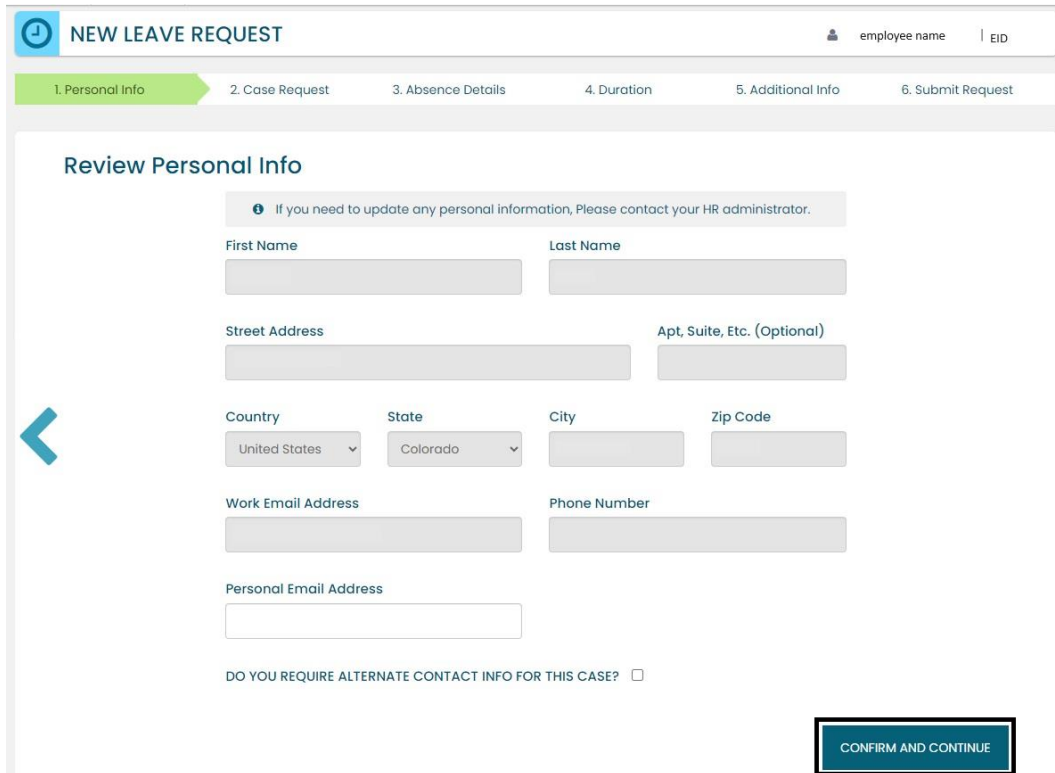
This information applies to this case only

Personal Email Address: Phone Number:

Street Address: Apt. Suite, Etc. (Optional):

Country: State: City: Zip Code:

1. **Select *Confirm and Continue*.**



NEW LEAVE REQUEST | employee name | EID

1. Personal Info | 2. Case Request | 3. Absence Details | 4. Duration | 5. Additional Info | 6. Submit Request

Review Personal Info

If you need to update any personal information, Please contact your HR administrator.

First Name: Last Name:

Street Address: Apt. Suite, Etc. (Optional):

Country: State: City: Zip Code:

Work Email Address: Phone Number:

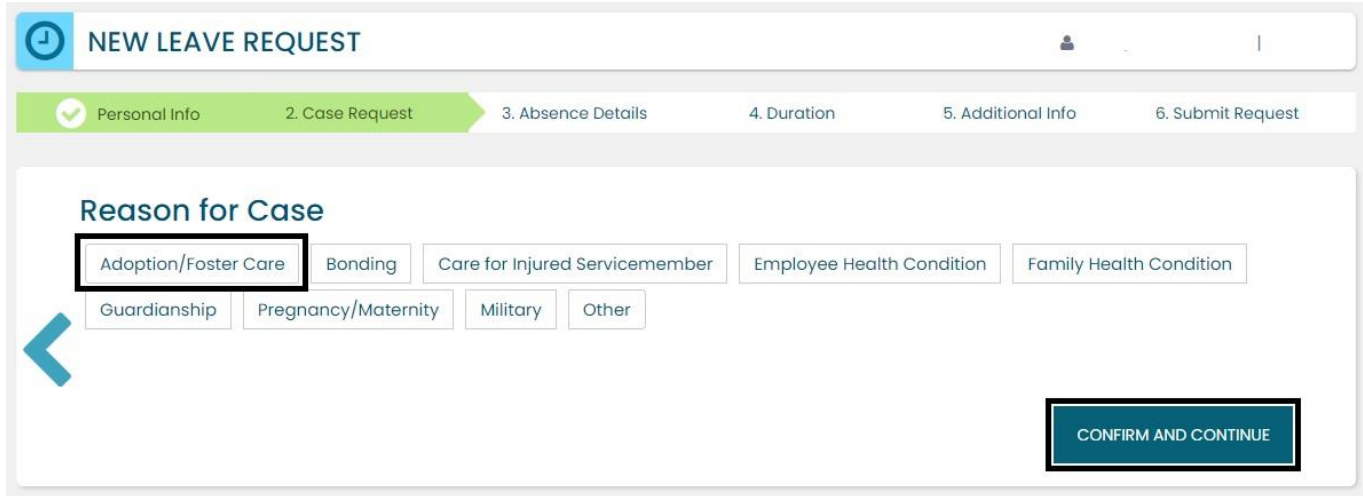
Personal Email Address:

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?

CONFIRM AND CONTINUE

Reason for Case

1. **Select** the appropriate *Reason for Case*. Refer to [Reason for Case Definitions](#) if needed. Additional information regarding your case may appear after you select your case reason.



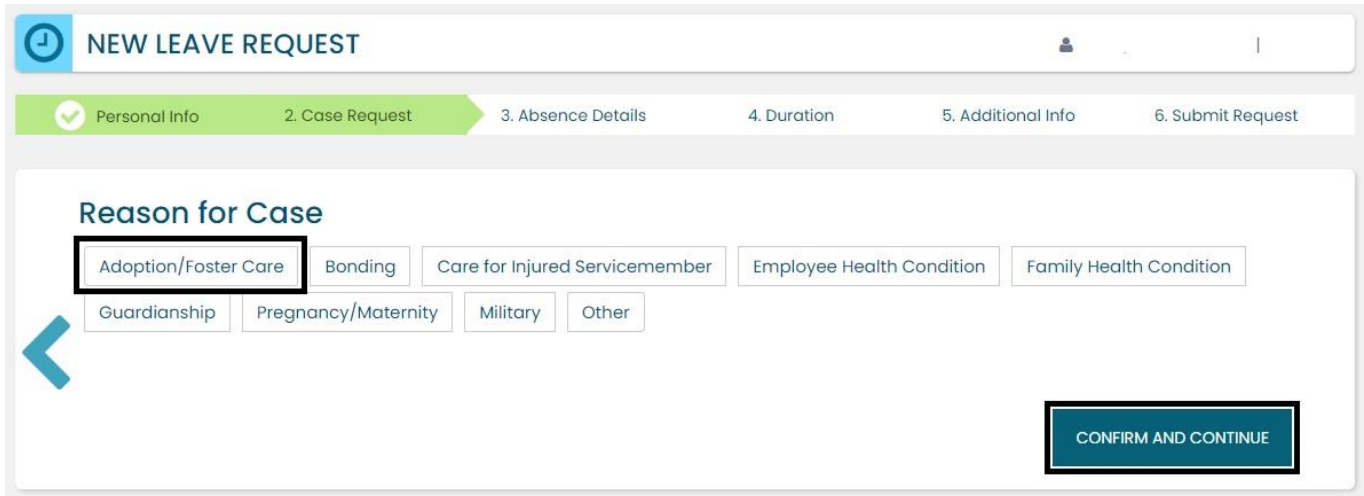
NEW LEAVE REQUEST | | |

Personal Info | 2. Case Request | 3. Absence Details | 4. Duration | 5. Additional Info | 6. Submit Request

Reason for Case

CONFIRM AND CONTINUE

2. **Complete** all required information (dependent upon reason selected).



The screenshot shows a web interface for a 'NEW LEAVE REQUEST'. At the top, there is a progress bar with six steps: 1. Personal Info (checked), 2. Case Request (highlighted), 3. Absence Details, 4. Duration, 5. Additional Info, and 6. Submit Request. Below the progress bar, the 'Reason for Case' section is titled. It contains several buttons for selection: 'Adoption/Foster Care' (highlighted with a red box), 'Bonding', 'Care for Injured Servicemember', 'Employee Health Condition', 'Family Health Condition', 'Guardianship', 'Pregnancy/Maternity', 'Military', and 'Other'. A blue arrow points to the left on the left side of the form. At the bottom right, there is a dark blue button labeled 'CONFIRM AND CONTINUE'.

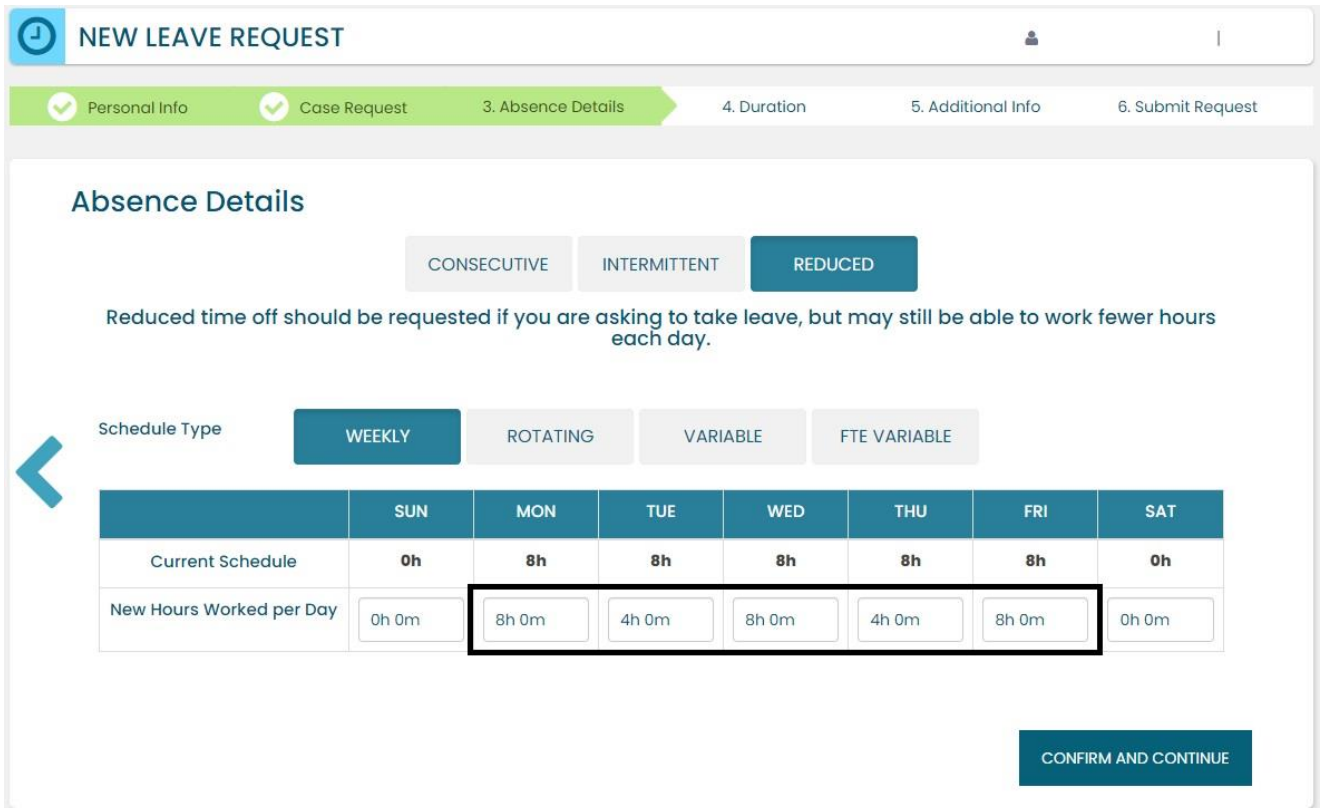
3. **Select** *Confirm and Continue*.

Absence Details

1. **Select *Reduced*** from the *Absence Details*: If you are unsure of the leave type select [Determining your Leave Type](#).
2. **Select the *Schedule Type*** and **complete** all the information.

Weekly: Use this option if there are certain days of the week where you need to reduce the schedule on a consistent basis.

Example: instead of working 8 hours per day Monday – Friday, you need to work 8 hours on Monday, Wednesday, and Friday, but only 4 hours on Tuesday and Thursday. The new hours worked per day would be:



NEW LEAVE REQUEST

Personal Info
 Case Request
 3. Absence Details
 4. Duration
 5. Additional Info
 6. Submit Request

Absence Details

Reduced time off should be requested if you are asking to take leave, but may still be able to work fewer hours each day.

Schedule Type:


	SUN	MON	TUE	WED	THU	FRI	SAT
Current Schedule	0h	8h	8h	8h	8h	8h	0h
New Hours Worked per Day	0h 0m	8h 0m	4h 0m	8h 0m	4h 0m	8h 0m	0h 0m



Rotating: Do not use this schedule type.

Variable: Do not use this schedule type.

FTE Variable: Use this option if you need to temporarily reduce the total number of hours you work per week on a consistent basis.

Example: Instead of working 40 hours per week, you need to work 20 hours per week during the length of your leave period, but the days you work are not consistent. Choose the FTE Time Per Week option and then enter your new average hours per week.

 NEW LEAVE REQUEST
LOWE, DEBORAH ANN | #314003

 Personal Info
 Case Request
3. Absence Details
4. Duration
5. Additional Info
6. Submit Request

Absence Details

CONSECUTIVE
INTERMITTENT
REDUCED

Reduced time off should be requested if you are asking to take leave, but may still be able to work fewer hours each day.

Schedule Type
WEEKLY
ROTATING
VARIABLE
FTE VARIABLE

	SUN	MON	TUE	WED	THU	FRI	SAT
Current Schedule	0h	8h	8h	8h	8h	8h	0h

FTE Weekly Duration

FTE TIME PER WEEK
FTE PERCENTAGE

Avg Hours per Week

FTE Hours per Week

CONFIRM AND CONTINUE

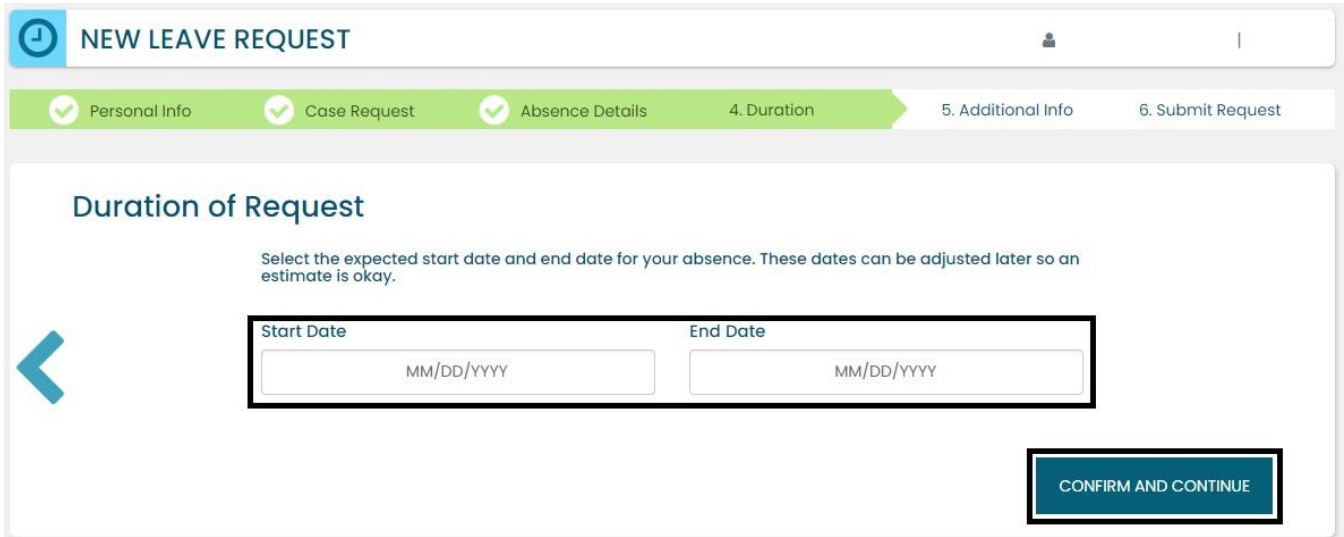
3. Select *Confirm and Continue*.

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 Revised: June 13, 2024 | leave@cu.edu

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Duration

1. **Select** the *Duration of Request*.
2. **Enter** the expected *Start Date* and *End Date*. If you are unsure about the start and end dates of the leave of absence request, please give us the best estimate. The Case Manager can update the leave dates when we receive the required documentation or if the needs change.
3. **Select** Confirm and Continue.

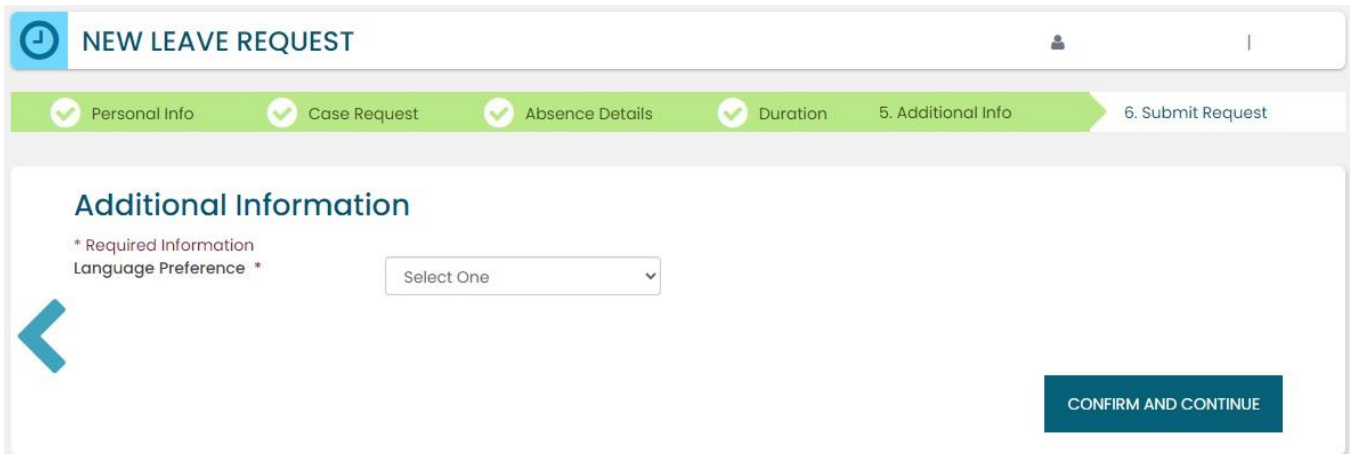


The screenshot shows the 'NEW LEAVE REQUEST' interface. A progress bar at the top indicates the current step is '4. Duration', with previous steps 'Personal Info', 'Case Request', and 'Absence Details' marked as complete. The main content area is titled 'Duration of Request' and contains the instruction: 'Select the expected start date and end date for your absence. These dates can be adjusted later so an estimate is okay.' Below this instruction are two input fields labeled 'Start Date' and 'End Date', both with a placeholder 'MM/DD/YYYY'. A blue arrow on the left points back to the previous step. A 'CONFIRM AND CONTINUE' button is located at the bottom right.

Additional Information

1. **Select** your preferred language from the dropdown menu.

NOTE: this information is for tracking language needs. At this time, the ESS portal only supports English.

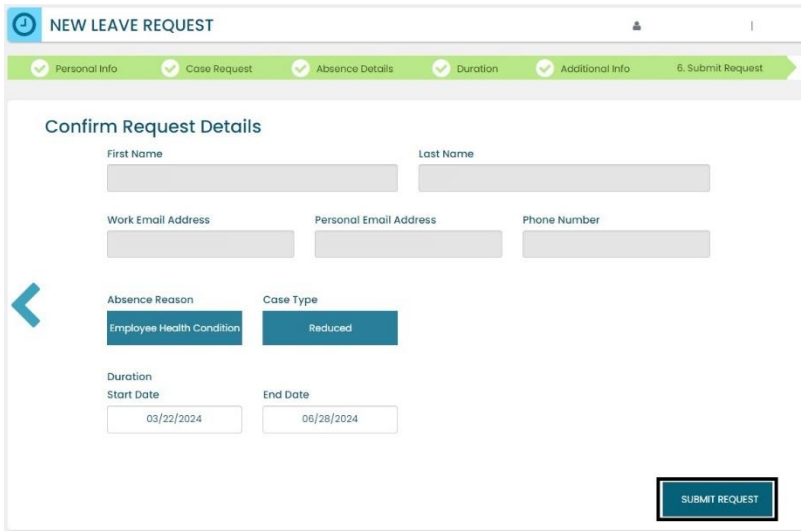


The screenshot shows the 'NEW LEAVE REQUEST' interface. The progress bar indicates the current step is '5. Additional Info', with previous steps 'Personal Info', 'Case Request', 'Absence Details', and 'Duration' marked as complete. The main content area is titled 'Additional Information' and contains the instruction: '* Required Information Language Preference *'. Below this instruction is a dropdown menu with the text 'Select One'. A blue arrow on the left points back to the previous step. A 'CONFIRM AND CONTINUE' button is located at the bottom right.

2. **Complete** the additional questions and acknowledgements on the *Additional Information* page.
 - a. **Read** the *Colorado Family and Medical Leave Insurance Program (FAMLI): Important Considerations* section of the user guide if you need additional information before deciding if you will opt-in to CU FAMLI leave for this LOA request.
 - b. If you are completing the request on behalf of an employee, complete the additional information section to the best of your ability.

Submit Request

1. **Review** the details of your request on the *Confirm Request Details* screen. Any changes can be made by selecting the back arrow OR by selecting any of the green section headers.
2. **Select Submit Request.**



3. **Review** the following information on the *Confirmation* screen:
 - Case Number
 - Eligible Policies
4. **Select Close and View Cases.**



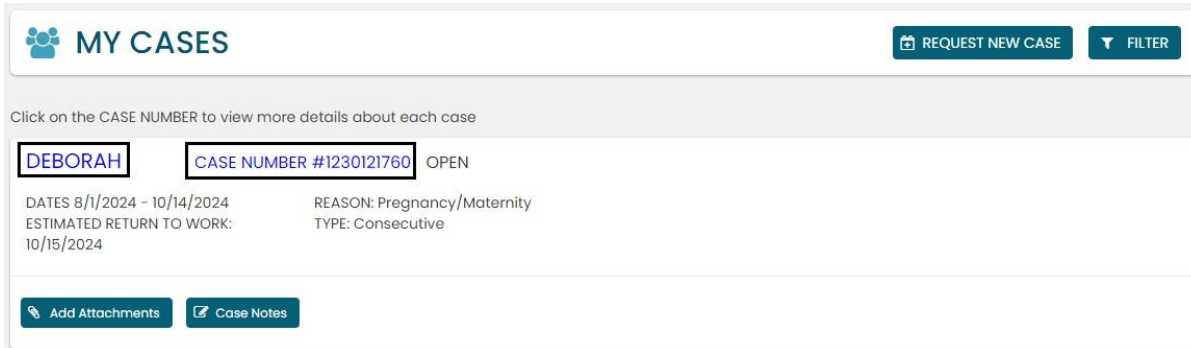
NOTE: Confirmation emails are not automatically sent. Your Case Manager will send you a confirmation email with your next steps **within five business days** after you have submitted your request in the ESS portal.

Pending Reduced Schedule Leave Case Request

Once you or your employee has submitted a leave request, you will be able to access and review it from the Dashboard.

Access and Review and Your Personal Leave Case

1. **Select My Cases.**
2. **Select** your *NAME* to open and review the employee calendar. **NOTE:** If you select the case number you can review eligibility. You can also access the case number after you review the calendar. See step number four.



MY CASES REQUEST NEW CASE FILTER

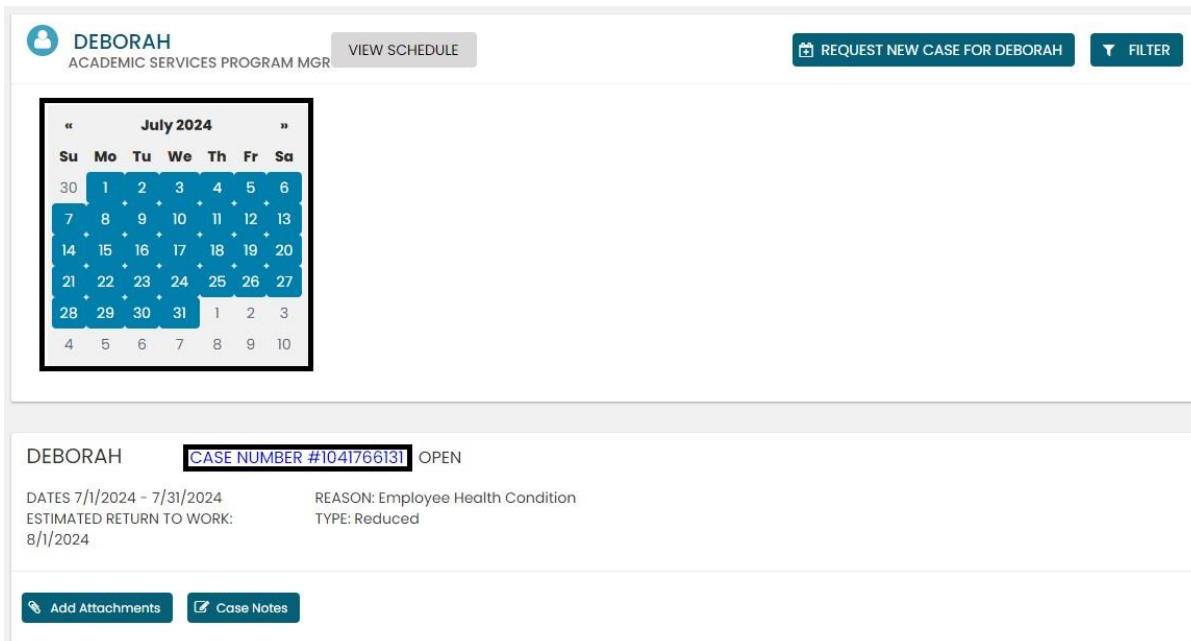
Click on the CASE NUMBER to view more details about each case

DEBORAH **CASE NUMBER #1230121760** OPEN

DATES 8/1/2024 - 10/14/2024 REASON: Pregnancy/Maternity
 ESTIMATED RETURN TO WORK: 10/15/2024 TYPE: Consecutive

Add Attachments Case Notes

3. **Review** the Calendar. **NOTE: Select** the calendar arrows to navigate to the month your requested leave begins. Blue boxes on the calendar represent pending requests.
4. **Select** your *Case Number* to open and review leave policies eligibility.



DEBORAH VIEW SCHEDULE REQUEST NEW CASE FOR DEBORAH FILTER

ACADEMIC SERVICES PROGRAM MGR

« July 2024 »

Su	Mo	Tu	We	Th	Fr	Sa
30	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	1	2	3
4	5	6	7	8	9	10

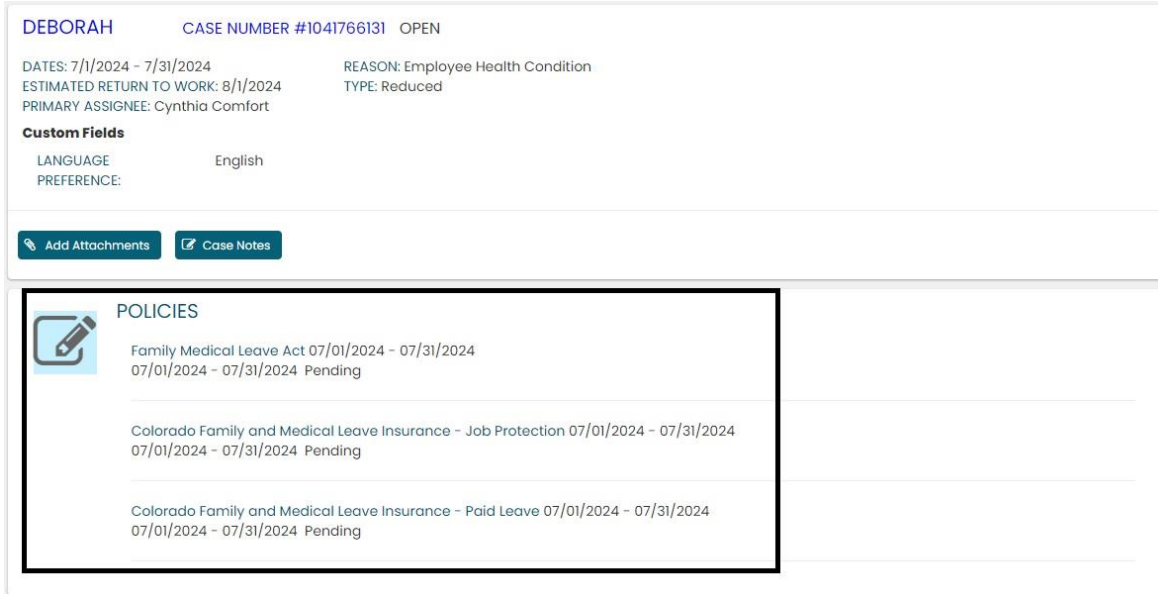
DEBORAH **CASE NUMBER #1041766131** OPEN

DATES 7/1/2024 - 7/31/2024 REASON: Employee Health Condition
 ESTIMATED RETURN TO WORK: 8/1/2024 TYPE: Reduced

Add Attachments Case Notes

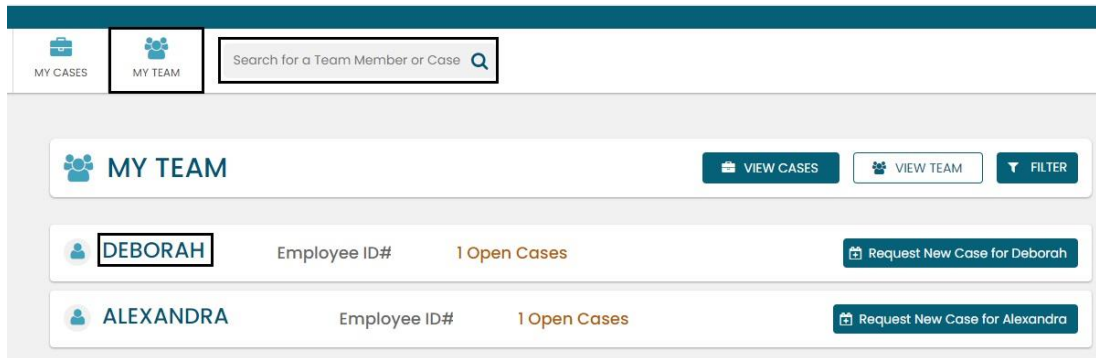
5. **Review** policy eligibility. They will remain in a pending status until Employee Services is able to review your case and collect the required documents to approve or deny the leave. Within five business days of submitting your request, you will receive an email from your Case Manager which will include the required documents and next steps.

NOTE: this is the same screen that appears if you select *Case Number* in step 2.



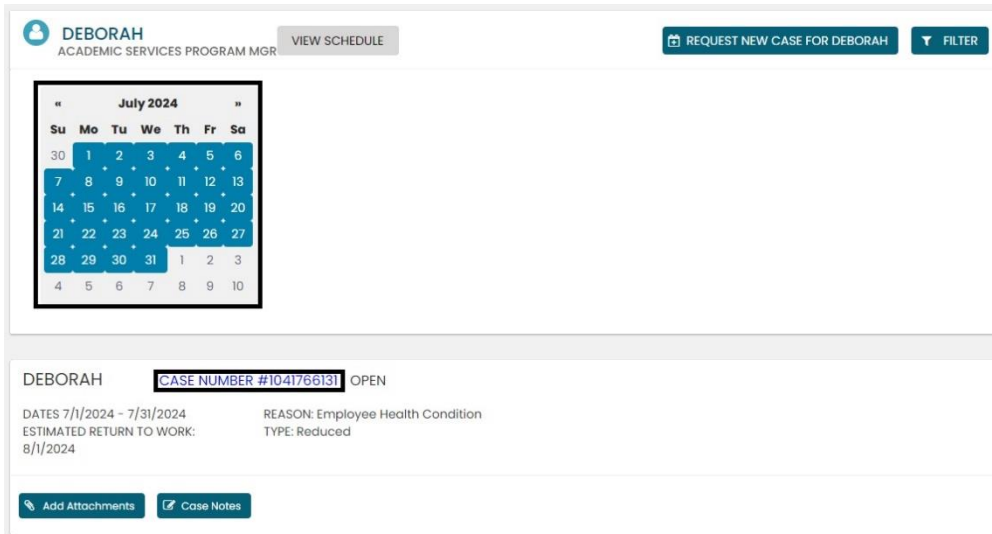
Access and Review an Employee’s Leave Case

1. **Select My Team.**
2. **Search** for your employee if their case does not appear.
3. **Select the employee’s name you wish to review.**



4. **Review** the Calendar. **NOTE: Select** the calendar arrows to navigate to the month your requested leave begins. Blue boxes on the calendar represent pending requests.

5. **Select your Case Number** to open and review eligible leave policies.



DEBORAH
 ACADEMIC SERVICES PROGRAM MGR VIEW SCHEDULE REQUEST NEW CASE FOR DEBORAH FILTER

" July 2024 "

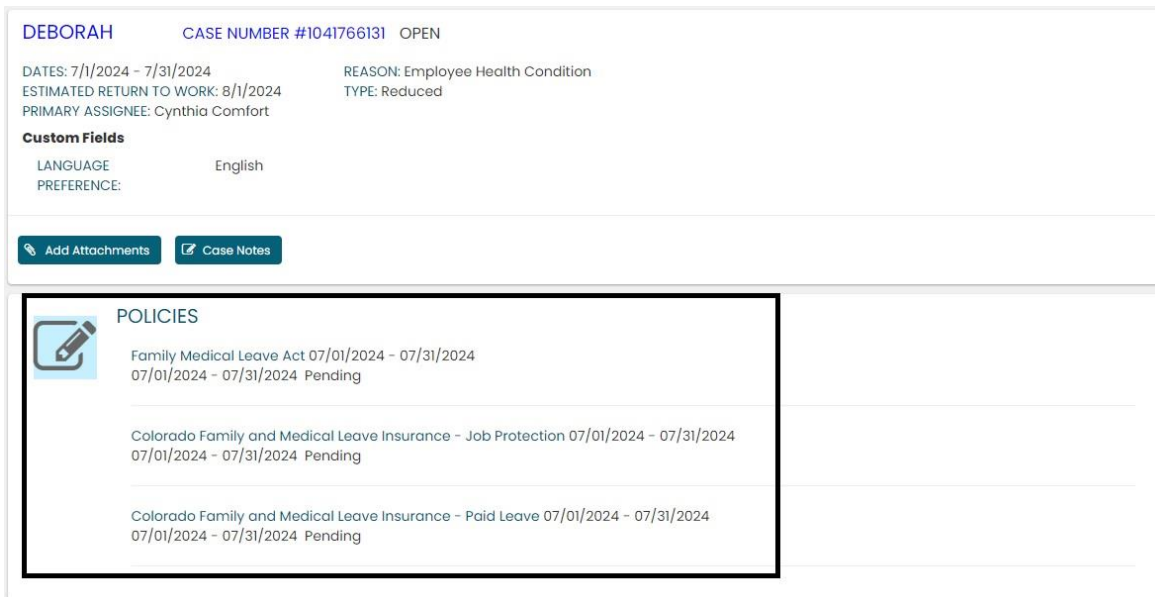
Su	Mo	Tu	We	Th	Fr	Sa
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10

DEBORAH **CASE NUMBER #1041766131** OPEN

DATES: 7/1/2024 - 7/31/2024 REASON: Employee Health Condition
 ESTIMATED RETURN TO WORK: 8/1/2024 TYPE: Reduced

Add Attachments Case Notes

6. **Review** eligible policies. They will remain in a pending status until Employee Services is able to review your case and collect the required documents to approve or deny the leave. Within five business days of submitting your request, you will receive an email from your Case Manager which will include the required documents and next steps.




DEBORAH **CASE NUMBER #1041766131** OPEN

DATES: 7/1/2024 - 7/31/2024 REASON: Employee Health Condition
 ESTIMATED RETURN TO WORK: 8/1/2024 TYPE: Reduced
 PRIMARY ASSIGNEE: Cynthia Comfort

Custom Fields
 LANGUAGE: English
 PREFERENCE:

Add Attachments Case Notes

POLICIES

- 
 Family Medical Leave Act 07/01/2024 - 07/31/2024
 07/01/2024 - 07/31/2024 Pending
- Colorado Family and Medical Leave Insurance - Job Protection 07/01/2024 - 07/31/2024
 07/01/2024 - 07/31/2024 Pending
- Colorado Family and Medical Leave Insurance - Paid Leave 07/01/2024 - 07/31/2024
 07/01/2024 - 07/31/2024 Pending

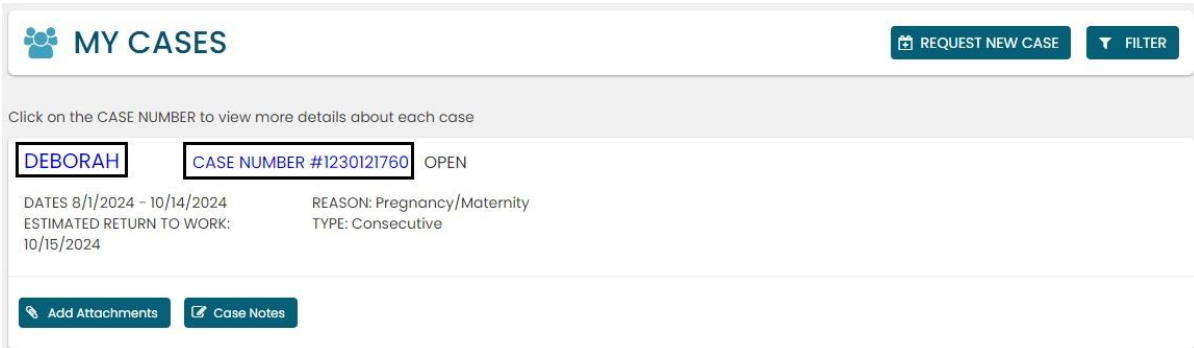
Approved Reduced Schedule Leave Case

Once a Consecutive leave case is approved by Employee Services, its status will update in ESS.

Access and Review and Your Personal Leave Case

1. **Select My Cases**
2. **Select** your *NAME* to open and review the employee calendar.

NOTE: If you select the case number you can review eligibility. You can also access the case number after you review the calendar. See step number four.



MY CASES REQUEST NEW CASE FILTER

Click on the CASE NUMBER to view more details about each case

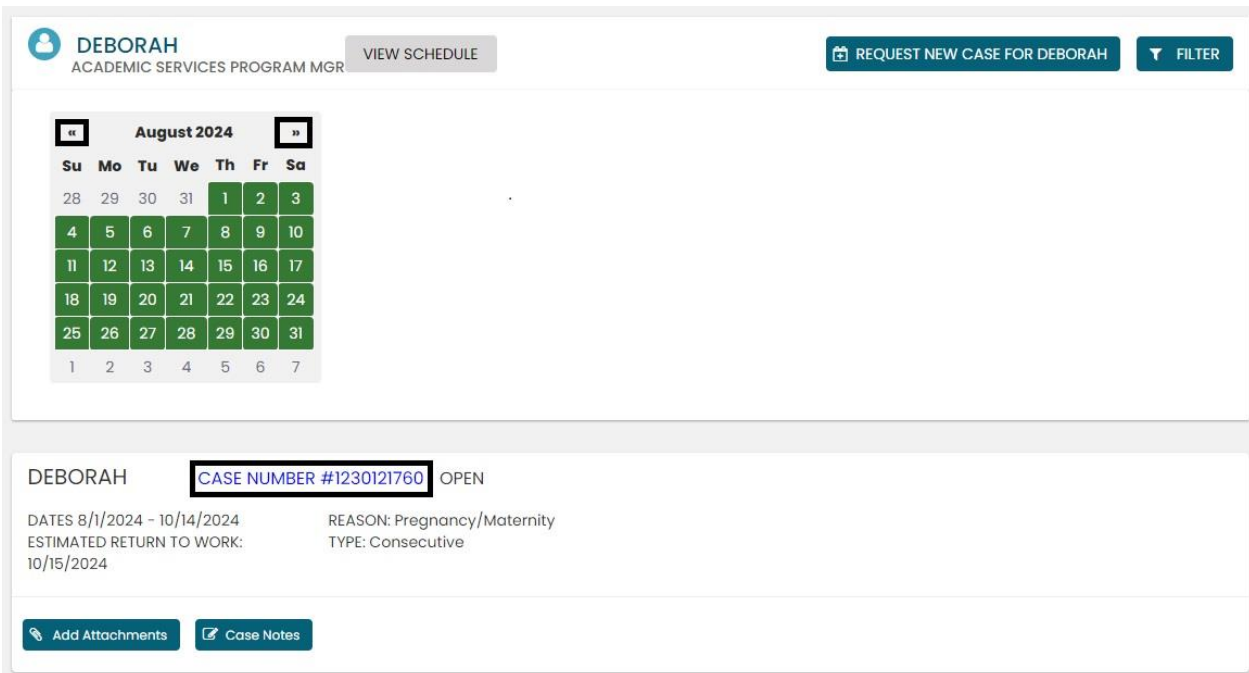
DEBORAH **CASE NUMBER #1230121760** OPEN

DATES 8/1/2024 - 10/14/2024 REASON: Pregnancy/Maternity
 ESTIMATED RETURN TO WORK: 10/15/2024 TYPE: Consecutive

Add Attachments Case Notes

3. **Review** requested leave on the calendar.

NOTE: The calendar will change based on the case status. **Select** the *forward arrow* on the calendar to advance to the month the leave will begin. The dates you requested for leave will be blue if pending, green if approved, and red if denied.



DEBORAH ACADEMIC SERVICES PROGRAM MGR VIEW SCHEDULE REQUEST NEW CASE FOR DEBORAH FILTER

August 2024

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	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
1	2	3	4	5	6	7

DEBORAH **CASE NUMBER #1230121760** OPEN

DATES 8/1/2024 - 10/14/2024 REASON: Pregnancy/Maternity
 ESTIMATED RETURN TO WORK: 10/15/2024 TYPE: Consecutive

Add Attachments Case Notes

4. **Select the Case Number** to review case details. You will see that pending will have turned to approved or denied based on your eligibility.


DEBORAH CASE NUMBER #1230121760 OPEN

DATES: 8/1/2024 - 10/14/2024 REASON: Pregnancy/Maternity
ESTIMATED RETURN TO WORK: 10/15/2024 TYPE: Consecutive
PRIMARY ASSIGNEE: Cynthia Comfort

Custom Fields

LANGUAGE English
PREFERENCE:

📎 Add Attachments
📝 Case Notes

 **POLICIES**

Family Medical Leave Act 08/01/2024 - 10/14/2024
08/01/2024 - 10/14/2024 Approved

Colorado Family and Medical Leave Insurance - Job Protection 08/01/2024 - 10/14/2024
08/01/2024 - 10/14/2024 Approved

Colorado Family and Medical Leave Insurance - Paid Leave 08/01/2024 - 10/14/2024
08/01/2024 - 10/14/2024 Approved

Parental Leave 08/01/2024 - 10/14/2024
08/01/2024 - 10/14/2024 Approved

Paid Parental Leave 08/01/2024 - 10/14/2024
08/01/2024 - 09/11/2024 Approved
09/12/2024 - 10/14/2024 Denied : Exhausted

Leave Reporting Instructions

- The Leave Team will track reduced schedule leave usage according to the employee’s approved designation notice. Requested and/or approved reduced schedule leave dates can be reviewed in the self-service portal at any time. If the leave dates/schedule need to be changed, please contact the leave case manager at leave@cu.edu.
- The employee (or supervisor and/or department HR contact) is required to report any FAMLII supplemental leave, regular work time and personal leave via the employee’s regular reporting method. The employee is encouraged to work with their supervisor and/or department HR contact should they need assistance with this process.

Exception: 9-month contract faculty and contract graduate students do not need to submit time through any other reporting mechanism.

You have completed the Reduced Schedule Leave Instructions.

Select one of the following to continue:

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[Resources](#)

Resources

Employee Services Leave Program Contact Information

Website: www.cu.edu/famli

Email: leave@cu.edu

Additional Resources

[CU Short-term Disability Plan website](https://www.cu.edu/node/153136) (<https://www.cu.edu/node/153136>)

[Employee Services CU FAMLI website](https://www.cu.edu/node/324038) (<https://www.cu.edu/node/324038>)

[State of Colorado Family and Medical Leave Insurance website](https://famli.colorado.gov/) (<https://famli.colorado.gov/>)

[Campus Parental Leave Policies for Faculty and Staff: APS #5062 Leave](https://www.cu.edu/ope/aps/5062) (<https://www.cu.edu/ope/aps/5062>)

Appendix A: Reason for Case Definitions

When entering a Reason for Case in the leave application process, you will select one of the following leave reasons:

Reason for Leave	Definition
Employee Health Condition	Leave to care for yourself for your own serious health condition. A serious health condition is typically one that makes the employee unable to perform the functions of their job. An employee is unable to perform the functions of their job where the health care provider finds that the employee is unable to work at all or is unable to perform any one of the essential functions of the employee's position, including when an employee must be absent from work to receive medical treatment for a serious health condition.
Care for Injured Servicemember	An eligible employee may take leave to care for a covered servicemember with a serious injury or illness.
Family Health Condition	Leave to care for a family member for their serious health condition. Caring for a family member typically includes assistance with basic medical, hygienic, nutritional, safety, transportation needs, physical care, or psychological comfort.
Guardianship	Guardianship leave may be used when the employee is named as the guardian of a child if the legal parent dies, if a court decides that the legal parent is incapacitated, or if a doctor says in writing that the legal parent can no longer take care of the minor.
Pregnancy/Maternity	Pregnancy/Maternity leave is requested when the employee is the birthing parent.
Adoption/Foster Care	Employees may use leave when a child is first placed with them for adoption or foster care and to bond with their newly placed child. Employees may also use leave before the actual placement or adoption of a child in situations where the employee may be required to complete pre-placement or pre-adoption tasks.
Bonding	Bonding leave is requested when the employee's spouse or partner is giving birth, and the employee is requesting leave to bond with the new child. Bonding is for non-birthing parents.
Qualifying Exigency (Military)	Qualifying exigencies are situations caused by the military deployment of an employee's spouse, child, or parent to a foreign country. An employee may take leave for qualifying exigencies including making alternative child care arrangements for a child of the military member when the deployment of the military member requires a change in the existing child care arrangement, attending certain military ceremonies and briefings, taking leave to spend time with a military member on Rest and Recuperation leave during deployment, making financial or legal arrangements to address the military member's absence, or certain activities related to care of a parent of the military member while the military member is on covered active duty.
Marrow Donor	Employees may be eligible for leave if they are voluntarily participating in a marrow donation procedure.

Reason for Leave	Definition
Organ Donor	Employees may be eligible for leave if they are voluntarily participating in an organ donation procedure.
Safe Leave	Safe Leave provides employees job-protected time off to attend to their needs if they or a family member have experienced domestic violence, stalking, abuse, sexual assault, or other similar situations.
Blood Donor	Employees may be eligible for leave if they are voluntarily participating in a blood donation procedure.

Select to return to [Consecutive Leave Instructions.](#)

Select to return to [Intermittent Leave Instructions.](#)

Select to return to [Reduced Schedule Instructions.](#)