

Policy Profile | All Policy Profiles

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**Please Note:** this guide provides information on requesting Protected Leave through the EmpCenter Time and Attendance System only. It is not meant as a substitute for understanding FMLA/OFLA or other protected leave policies and regulations. For details on OSU policies, visit the OHR FMLA website at <a href="https://hr.oregonstate.edu/benefits/fmla">https://hr.oregonstate.edu/benefits/fmla</a> or contact the FMLA/OFLA Benefits consultant at 541-737-5976.

# **Overview**

EmpCenter processes and tracks protected leave requests, manages documents, and ensures compliance with federal and state laws as well as OSU policy.

See the OHR FMLA website at <u>https://hr.oregonstate.edu/benefits/fmla</u> for information about what may qualify for protected leave and details on the policies governing the leave process.

If you anticipate and/or are away from work for more than three consecutive days to care for yourself and/or a qualifying family member you will need to request Protected Leave through EmpCenter.

When you request or use protected leave, you also need to complete a time off request in EmpCenter under "Absences for Vacation, Sick, and Other" to indicate how you will be paid while on protected leave (e.g., sick or vacation).

## **Types of Leave**

The following types of protected leave can be requested through EmpCenter:

- FMLA Family Medical Leave Act a federal law that entitles eligible employees to take up to 12 weeks of unpaid, job and benefit protected leave for specified family and medical reasons.
- OFLA Oregon Family Leave Act an Oregon law that entitles eligible employees to take up to 12 weeks of unpaid, job and benefit protected leave for specified family and medical reasons.
- Military Federal and Oregon laws that allow certain military family leave entitlements for some military deployments or to care for a covered service member with a serious injury or illness.
- Graduate Family Medical Leave an OSU policy that allows eligible graduate assistants on a current assistantship up to 12 weeks of continuous leave from their appointment for specified family and medical reasons. OSU will continue to pay for graduate health insurance during the leave period.

## **Requesting Protected Leave**

Requesting protected leave in EmpCenter is an interactive process. EmpCenter will ask you a series of questions based on the type of leave you are requesting and your answers to those questions. The example below is not meant to be an exhaustive review of all the possible questions.

1. Select My Time Off from the Schedules group on the Dashboard:

EmpCenter	🕂 Home	?	Help 🔻	Log Out
				Employee Dashboard 19.1.0.1
Time Entry			🛗 Schedul	es
My Timesheet			My Time Off	-
View Past Assignments				
Reporting				
View Reports				

Note: your Dashboard view will depend on your policy profile and role within EmpCenter.

2. Click Create New Request:

EmpCenter 4	Home	? He	lp 🔻				
				My Time Off			
Current							
Туре	Start	t Date 🔺	End Date	Hours Requested	Status	Case ID	

3. Select Continue under "Absences for FMLA, OFLA, and Military Leave":

EmpCenter 🔥 Home ? Help -	
	My Time Off
l need to requ	lest time off for
Absences for FMLA, OFLA, and Military Leave FMLA = Family and Medical Leave Act OFLA = Oregon Family Leave Act	Absences for Vacation, Sick, and Other
Must also complete "Absences for Vacation, Sick, and Other" section to indicate leave usage while absent	lf requesting time off for a serious health condition, family, or military leave, must also complete the "Absences for FMLA, OFLA, and Military Leave" section to the left
Examples include leave for:	
<ul> <li>Serious Health Condition (Employee or Family Member)</li> </ul>	
<ul> <li>Parental (Newborn, Adoption, or Foster Care Placement)</li> <li>Military <ul> <li>Continue</li> <li>Continue</li></ul></li></ul>	Continue

Note: you will also need to submit a time off request under "Absences for Vacation, Sick, and Other" after completing the protected leave request to indicate the how you would like to be paid (e.g., sick, vacation, leave without pay (LWOP), etc.) while on protected leave.

4. Enter the estimated start and end dates for the leave and select the reason for leave. Employees should give appropriate notice of the need for protected leave – at least 30 days advance notice, if possible, or as soon as you learn of your need for leave.

EmpCenter	🕂 Home	? Helj	p 🕶
Create New Le	eave Reque	est	Enter the estimated start and end dates for your leave and select a reason from the drop down list.
Estimated Start Da	ite	Estima	ated End Date
8			<b>e</b>
Reason			
			~
Ontinue to additional qui	estions		
G Discard request			

Note: the range for the start and end date cannot exceed 1 year.

Hover your mouse over the options listed in the Reason drop down to see a description of when to use that option:

Reason					
		~			
I'm pregnant or need time off to deliver my baby					
I'm donating bone marrow or an organ					
l have another health condition (not pregnancy-re	lated)				
l need time to bond with a new child					
I need time to complete an adoption or foster chil					
l need time off because of someone else's health	condition പ്രപ				
l need time off due to my military service	$\cup$	Use this reas	son when	you need tim	e off in order to
I have a family member who is serving in or being	deployed by the	condition, in	cluding pr	egnancy.	nas a ricalti
l, or someone else, have been the victim of a crime	e				
I need time off because someone close to me pas	sed away				
l need leave for some other reason					

After entering the leave dates and selecting a leave reason, click Continue to additional questions at the bottom of the page:

EmpCenter	Home 🕜 Help 🔻
Create New Lea	ve Request
Estimated Start Date	e Estimated End Date
Reason	
l need time off becaus	se of someone else's health condition
Continue to additional quest	tions
Discard request	

Note: to cancel the request, click Discard request at the bottom of the page.

5. Answer each question then select Continue to move to the next question:



Note: the questions you see will depend on the reason for leave selected and your answers to the previous questions.

- 6. At any time before you submit your request, you can change the reason for leave, dates of leave, or answers to a previous answer:
  - a. Change reason for leave/dates: Select Change responses to preliminary questions at the bottom of the page:

EmpCenter	🕂 Home	? Help	•	
For whom do you need to	o provide care	?		
Spouse's Parent		_	_	
	$\checkmark$			
	1			
Submit Request				
G Change responses to preli	minary question	s		

Note: if you change the reason for leave, you may have to answer new or additional questions.

b. Edit a previous question:

Click on the pencil icon next to the question and make any changes:

Emp <u>Cente</u> r	🕂 Home	? Help 🝷	_	
For whom do you need to	provide care?			
Spouse's Parent				
What is the name and con	tact informatio	on of the healthcare	provider?	
Dr. Georgia King 541-555-5555				

7. Once you have answered all the questions you'll receive confirmation that the questionnaire is complete:

EmpCenter	🕂 Home	? Help	-	_		
For whom do you need to	provide care?					
Spouse's Parent						
	1. (h					- l'at
I certify that the answers	to the questio	ns above ar	re true bas	ed on my kno	owledge and b	ellef.
Yes						
The questionnaire is com	plete! (You may	/ edit any an	swer by clic	king on it.)	>	
Submit Request						
Change responses to prelin	ninary questions					

Note: all questions must be completed to submit your request.

8. When you have finished answering all questions and/or making any necessary changes to your answers, select Submit Request at the bottom of the page:

Emp <u>Cente</u> r	🕂 Hom <u>e</u>	? Help	<b>.</b>	_		
For whom do you need to	provide care?					
Spouso's Paront						
Spouse's Parent						
I certify that the answers	to the questio	ons above a	are true bas	ed on my know	ledge and belief	
Yes						
The questionnair is com	plete! (You maj	y edit any a	nswer by cli	cking on it.)		
Submit Request						
G Change responses to prelim	ninary questions	5				

9. You'll receive confirmation that the request was submitted:

EmpCenter 🐣 н	ome ? He	elp ▼			
			My Time Off		
Your request has been submitte	ed.				
🛟 Create New Request					
Current Past					
Туре	Start Date 🔺	End Date	Hours Requested	Status	Case ID
Leave - Other Person Health Co.	04/03/2017	04/21/2017	n/a	Pending	560

10. Create a request for time off under "Absences for Vacation, Sick, and Other" for the dates on the protected leave request to indicate the type of leave you will be using during the protected leave (e.g., sick, vacation, leave without pay (LWOP), etc.).

See the appropriate <u>EmpCenter User Guide</u> or the time off request <u>FAQ</u> for step-by-step instructions on requesting time off.

Next steps:

- The FMLA Case Manager will review your request.
- You will receive correspondence from the FMLA Case Manager based on the method selected in the questionnaire (e.g., email, mail, or interoffice mail).
- You must provide the required documentation by the specified deadlines as indicated in the correspondence you receive regarding your protect leave.

## Viewing the Case

Once you have created a protected leave case you can view the details in EmpCenter at any time. If it has not been approved, you can edit the initial questions as well.

1. Select My Time Off from the Dashboard:

EmpCenter	🕂 Home	? Help 👻	Log Out
			Employee Dashboard 19.1.0.1
C Time Entry		🛗 Schedul	es
My Timesheet		My Time Off	_
View Past Assignments			
Reporting			
View Reports			
View Past Assignments          View Past Assignments         View Reporting         View Reports			

Note: your Dashboard view will depend on your policy profile and role within EmpCenter.

2. On the My Time Off Request List, select the leave from the list on the Current tab:

EmpCenter	🕂 Home (?) Help 🔻					
			My Time Off			
Create New Reques	t					
Туре	Start Date	End Date	Hours Request	Status	Case ID	
Leave - Other Person He	a 04/03/2017	04/21/2017	n/a	Pending	560	

Note: Protected leave cases with a status of pending, approved, or open are listed on the Current tab. Protected leave cases with a status of cancelled, closed, or denied are listed on the Past tab.

3. All the information about the case is found in Absence Case Window – including the history, any comments entered, and all documents attached to the case:

EmpCenter A Home ? Help -	C 500	Logged in as Permann, Sue   Log Ou	<u>it</u>
Absence of Go to My Time Off Requests 🕑 View My Timesheet	Case 560	😮 Cancel Request Add Comment 🛛 🍛 Pri	int
Case 560		Case Manager Tasks	2
Case Date Range: Apr 3, 2017 - Apr 21, 2017 2 Status Reason: I need time off because of someone else's health condition 2	PENDING Required	Case Manager to Review Request and EligibilityExpected Completion Feb 28, 2017	
Case Type: Continuous Person Affected Contact: s.permann@email.com  Case Managers: Projected Usage	I: Parent	Case Manager to Send Medical Certification Form(s) Expected Completion Mar 1, 2017 Waiting for event Case Manager to Review Request and Eligibility to be completed	
Leave Type         Start Balance         Allowed Period         End Balance           Pending HR review         Documents         Documents <td></td> <td>Employee to Submit Medical Certification Waiting for event Case Manager to Send Medical Certification Form(s) to be completed</td> <td>=</td>		Employee to Submit Medical Certification Waiting for event Case Manager to Send Medical Certification Form(s) to be completed	=
Description     Status       There are no documents to display.       Questions	Upload New File	Case Manager to Review Certification Form and Determine Final Qualification Waiting for event Employee to Submit Medical Certification to be completed	
For whom do you need to provide care? Spouse's Parent	Edit Answers	Notify Supervisor and Business Center of Leave Status Expected Completion Mar 23, 2017 Waiting for event Employee to Submit Medical Certification to be completed	
What is the name of the person for whom you will be providing care? Claire Permann Will the health condition require staying one or more nights in a hospita	al or other	Employee Current Approval of Leave Ends Waiting for event Case Manager to Review Certification Form and Determine Final Qualification to be completed	

Case Status Definitions:

- Approved case has received final approval from the FMLA Case Manager.
- Cancelled case has been cancelled by the employee or the FMLA Case Manager.
- Closed case is closed. Case can be reopened by FMLA Case Manager if needed/appropriate.
- Denied case has been denied by the FMLA Case Manager.
- Pending case has been submitted and is waiting for FMLA Case Manager action. The employee is able to edit answers to the leave request while the case is still pending.
- Open case has been reviewed by the FMLA case manager and received preliminary approval. The leave request can no longer be edited by the employee.

## Editing a Pending Case

Once you have created a protected leave case in EmpCenter, you can edit the summary information (dates, contact information, or reason for leave) or answers to the case questions before it is reviewed by the FMLA Case Manager. The FMLA Case Manager will review the case within 5 days of submission.

1. To edit answers to the case questions prior to review by the FMLA Case Manager, open the case as outlined above then click on Edit Answers:

EmpCenter 👫 Home ? Help -		Logged in as Permann, Sue   Log O	<u>ut</u>
Absen	ice Case 560	162	.0.1
Go to My Time Off Requests View My Timesheet		Cancel Request Add Comment	rint
Case 560		Case Manager Tasks	ĥ
Case Date Range: Apr 3, 2017 - Apr 21, 2017 🍞 Sta	tus: PENDING	Case Manager to Review Request and Expected Completion Feb 28,	
Reason: I need time off because of someone Use Paid Ti else's health condition 📝	me: Required	Eligibility 2017	
Case Type: Continuous Person Affect	ted: Parent	Case Manager to Send Medical	
Contact: s.permann@email.com 📝		Certification Form(s) Expected Completion Mar 1, 2017	
Case Managers:		Waiting for event Case Manager to Review	
Projected Usage		Request and Eligibility to be completed	
Leave Type Start Balance Allowed Period End Balance		Employee to Submit	
Pending HR review		Medical Certification Expected Completion Mar 16, 2017	
Documents		Waiting for event Case Manager to Send Medical Certification Form(s) to be completed	Ξ
	Upload New File		
Description Status		Case Manager to Review Certification	
There are no documents to display.		Form and Determine Final Qualification Expected Completion Mar 23, 2017 Waiting for event Employee to Submit	
Questions		Weucar certification to be completed	
	Edit Answers	Notify Supervisor and Business	
For whom do you need to provide care?		Center of Leave Status Expected Completion Mar 23, 2017 Waiting for event Employee to Submit Medical	
Spouse's Parent		Certification to be completed	
What is the name of the person for whom you will be providing care?	?	Employee Current 🕥	
Claire Permann		Approval of Leave Ends Expected Completion Apr 22, 2017	
		Waiting for event Case Manager to Review Certification	
Will the health condition require staying one or more nights in a hos	pital or other	Form and Determine Final Qualification to be completed	

Note: if the case has been approved – even preliminarily – you will not be able to edit answers.

2. A new window will open with all of the questions for the case. Click on the question you would like to edit and make any necessary changes:



3. After you have made all of your changes, select Apply Changes to save your answers and close the window:

Edit Answers to Questions	
Spouse's Parent	*
What is the name of the person for whom you will be providing care?	
Claire Permann	
Will the health condition require staying one or more nights in a hospital or other treatment facility?	Ш
Yes	
What is the name and contact information of the healthcare provider? Dr. Georgia King 541-555-5554	
© Continue	
Apply Changes Cance	

4. To change summary information, click on the edit icon next to the information you would like to change:



5. Make any necessary changes then select Apply Changes:

Edit Case Date Rang	ge 🗶		Edit Case Date	Range	×
Start Date:	04/03/2017 🗂		Start Date:	04/10/2017 😁	
End Date:	04/21/2017 🗂		End Date:	04/28/2017 😁	
	Apply Changes Cancel	-		Apply Changes Cancel	

Note: the process is the same to change the reason or contact details.

#### Adding Comments

You can add comments – such as date of doctor's appointments or date medical certificate was mailed – to an open, approved, or pending case.

1. After opening the case as outlined above, select Add Comment:

EmpCenter 🖀 Home 🚱 Help 🗸			Logged in as Permann, Sue   <u>Log Out</u>
	Absence Case 560		16.2.0.1
◀ Go to My Time Off Requests 🕑 View My Timesheet			🔇 Cancel Request 🛛 Add Comment 🛛 😂 Print
Case 560		Case Manager Tasks	
Case Date Range: Apr 3, 2017 - Apr 21, 2017 🍞	Status: PENDING	Case Manager to Review Request and	Fuected Completion Feb 28,
Reason: I need time off because of someone else's health condition 📝	Use Paid Time: Required	Eligibility	2017
Case Type: Continuous	Person Affected: Parent	Case Manager to Send Medical	$\odot$
Contact: s.permann@email.com 📝		Certification Form(s)	Expected Completion Mar 1, 2017
Case Managers:			Waiting for event Case Manager to Review
Projected Usage			Request and Eligibility to be completed
Start Balance	inre		R
Claire Permann		Approval of Leave Waiting for e	Expected Complexeeters Expecters
Will the health condition require staying one or more	nights in a hospital or other	Form and Det	ermine Final Qualification to be completed

2. Enter the comments then click Add Comment:

Add Comment	
Comments:	enter any details needed for FMLA administrator here then click Add Comment.
	Add Comment Cancel

#### Attaching Documents

You can attach documents to an open, approved, or pending case. Documents may be required to help establish eligibility for leave.

1. After opening the case as outlined above, select Upload New File...:

Em <u>pCente</u> r	🕂 Home	? Help 🗸	_	
			Absence C	ase 560
Go to My Time Off Req	uests 🕑 View My	Timesheet		
Case 560				
Case Date Range: Apr 3	3, 2017 - Apr 21, 20	17 📝	Status:	PENDING
Reason: I nee else'	d time off because s health condition	of someone	Use Paid Time:	Required
Case Type: Cont	inuous		Person Affected:	Parent
Contact: s.per	rmann@email.com	2		
Case Managers:				
Projected Usage				
Leave Type	Start Balance	Allowed Period	End Balance	
Pending HR review				
Documents				
			U	pload New File
Description		Status		
There are no documents	o display.			

2. Click on the Browse icon to open the documents window.

Upload Document
Please select a file
Description:
Please provide a description
Comments:
Upload Document Cancel

3. Select the file then click Open:

🕑 File Upload		×
Image: Second secon	Search Documents	٩
Organize 🔻 New folder		
Favorites	Date modified	Туре 🔺
Desktop	2/22/2017 10:28 AM	Adobe Ac
Downloads Recent Places Libraries Documents		-
File name: Letter from doctor.pdf	All Files (*.*) Open 🔽 Ca	▼ ancel

Note: files are limited to a maximum size of 10 megabytes (MB).

4. If needed, change the description of the file (it will default to the name of the file) and enter any comments then click Upload Document:

Upload Document				
Letter from doctor.pdf				
Description:	If needed, change the			
Letter from doctor.pdf	description and enter			
Comments:	any comments.			
enter additional informat	tion here.			
Uplo	ad Document Cancel			

You will see the file in the case window:

EmpCenter	🕂 Home	? Help 🗸	_	
			Absence	Case 560
Go to My Time Off Req	uests 🕑 View My	Timesheet		
Case 560				
Case Date Range: Apr 1	10, 2017 - Apr 28, 2	017 📝	Statu	S: PENDING
Reason: I nee else's	d time off because s health condition (	of someone	Use Paid Time	e: Required
Case Type: Cont	inuous		Person Affected	d: Parent
Contact: s.per	mann@email.com			
Case Managers:				
Projected Usage				
Leave Type	Start Balance	Allowed Period	End Balance	
Pending HR review				
Documents				
				Upload New File
escription		Status		
Letter from doctor.pd	lf	Case adm documen	ninistrator needs to t activity	complete

Note: to view a document – or save it to your computer – simply click on the description link.

#### Cancelling the Case

If the case is still pending, you can cancel the request. If the case has already been approved, contact the FMLA Case Manager to request a cancellation.

1. After opening the case as outlined above, select Cancel Request:



2. Enter notes for the FMLA Case Manager about why you are cancelling the request then select Cancel:



3. Be sure to cancel any corresponding time off requests. See the appropriate <u>EmpCenter User</u> <u>Guide</u> or cancel time off request <u>FAQ</u> for instructions on how to cancel a leave requests.

# **Requesting Time Off for Existing Intermittent Protected Leave Case**

When you submit a request for protected leave, you will also need to submit a request for time off under "Absences for Vacation, Sick, and Other" to indicate how you will be paid during your protected leave (e.g., sick, vacation, leave without pay (LWOP), etc.)

If your protected leave is intermittent you are able to attach the time off request(s) to the case. If you enter leave directly on the timesheet, you can attach the case number to the leave pay code that was used for the protected leave.

## **Time Off Request – Intermittent Leave**

If you have an **approved intermittent protected leave case**, you are able to attach any time off request entered in EmpCenter to that case.

1. After selecting My Time Off from the Dashboard and Create New Request, EmpCenter will prompt you to select whether the request is for an approved protected leave case or for another reason:

My Time Off I need to request time off for I need time off related to an existing leave request Request ID: 555 02/27/2017 - 03/31/2017 Child Bonding Employee 🜍	pCenter	🕂 Home	? н	elp 🔻		
I need to request time off for I need time off related to an existing leave request Request ID: 555 02/27/2017 - 03/31/2017 Child Bonding Employee					My Time	Off
I need time off related to an existing leave request Request ID: 555 02/27/2017 - 03/31/2017 Child Bonding Employee 📀	١n	eed to reque	st tin	ne off for		
Request ID: 555 02/27/2017 - 03/31/2017 Child Bonding Employee 📀	I need time off	related to an existir	ng leave	e request		
	Request ID: 555	02/27/2017 - 03/31/	2017 0	Child Bonding	Employee	Θ
	I need time off	for something else				Ð

Note: if you are requesting leave for a different reason, select I need time off for something else.

2. Enter the leave request as usual. You will see the Case Number attached to the leave request:

EmpCente	🕈 🔥 Home 🖓 H	lelp 🔻	My Time Off
View Request I	List	Enter the tin	me off request
Pay Code:	Personal - Pre-Approved	code, enter needed, en	dates, and, if iter comments.
Case ID:	555Case Dates:02/27/2017Reason:Child BondinPerson Affected:Employee	To 03/31/2017 g	
Dates: Comments:	03/02/2017 😁 To 03/02/	2017 🖻	
<b>≩</b> <u>upload</u> o	an attachment	Next	

EmpCe	nter	🕂 Home	? Help	÷	
					My Time Off
View Requ	uest List				
Reques	st Details				
Action	Date	Pay Code		Hours	
🚽 🖊	Thu 03/02/2017	Personal - Pre	-Approved	8.0	
Case ID: 5	555				
a uplo	oad an attachme	<u>nt</u>			
🗇 Ba	ck		0	Submit	

Note: see the appropriate <u>EmpCenter User Guide</u> for your policy profile for details on entering a time off request, modifying hours or pay codes, and cancelling requests.

## **Timesheet – Intermittent Protected Leave**

If you did not use the time off request process or did not associate the time off request with your intermittent protected leave case, you can enter the leave taken directly on your timesheet and/or associate the leave with an open case.

1. Select Enter My Hours on the Dashboard to access your timesheet:

EmpCenter	🕂 Home	? Help 🗸	Log Out
			Employee Dashboard 19.1.0.1
		🛗 Schedul	es
My Timesheet	6	My Time Off	
View Past Assignments			
Reporting			
View Reports			

Note: your Dashboard view will depend on your policy profile and role within EmpCenter.

2. If you did not use the time off request process, you must first enter the leave time on your timesheet. Select the pay code and enter hours as usual for the day you took leave:

E	m	p	Ce	n	te	r					4	h H	lor	ne		?		He	elp	-																	
-	_																		<u> </u>					Ν	Иy	Tir	ne	Er	ntry	/							
•	м	arc	:h 2	017	i	1	▶		-	Sav	ve	(	0	Sub	mit	:	Mo	re	•	L	.ist	Vie	w	•													
Tii	me	she	eet																																		
By e	entering hours in my timesheet in EmpCenter below, I am certifying each entry to be a true and accurate reflection of hours worked by me.																																				
<b>W</b> 1	W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         W         T         F         S         M         T         M         M         T         M         T													<b>F</b> 17	<b>s</b> 18	<b>S</b> 19	M	<b>T</b> 21	<b>W</b> 22	<b>T</b> 23	<b>F</b> 24	<b>S</b> 25	<b>S</b> 26	M	<b>T</b> 28	<b>W</b> 29	<b>T</b>	<b>F</b> 31	Mar	r 3, 2	2017		Sh	ow All	Weeks		
D	ate	•									Pa	ay (	od	le						Ho	urs			L	Lea	ve	Cas	se		CI	ock		Com	ment	s	Tota	L
We	d 0	3/01	1		÷	-		Se	lect l	Pay	Co	de					Ŧ																				
Thu	Thu 03/02								rson	al -	- Pre	e-Ap	pro	ved		_					8.0	00		555	5			1	-							8	8.00
Fri	Fri 03/03								rson	al							Ŧ				8.0	00							5							0	0.00
Sat	Sat 03/04											úe -	-	-	-	-			7	7	7	7	7	7	7	7											
																																8.00					

Note: for more information about entering time on your timesheet see the appropriate <u>EmpCenter</u> <u>User Guide</u> or training for your policy profile. 3. In the Leave Case column, click on the arrow to select the leave case to associate with the time taken:

	Er	n	p(	Ce	en	te	r					4	H H	lon	ne		?		He	lp	Ŧ				_													
	-																								Ν	Иy	Tir	ne	En	try	/							
	◀	Ma	arc	h 2	017	Ê	1	Þ			Sav	ve		2 5	ub	mit		Мо	re	•	L	.ist \	/ie	w	•													
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By	en	teri	ngi	hou	ırs iı	n m	y tir	nes	heet	in Er	mp	Cen	ter	belo	ow, I	am	cer	tifyi	ing	each	n er	ntry t	to b	e a t	true	e an	d ac	cur	ate	refl	ectio	n of	hours	worked	by me.			
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# **Timesheet – Continuous Protected Leave**

When you are on continuous protected leave, your timesheet will show Leave of Absence in the pay code field for the dates requested:

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If you did not complete a leave request to indicate how you will be paid while on protected leave using the "Absences for Vacation, Sick, and Other" leave request in EmpCenter, a yellow warning exception will display on the Exceptions tab:

ſ	Exceptions 👂 Leave Balance	Results Schedule		
		Filte	r exceptions by day 📗	
	Date	Exception Message	Severity 🔺	
	Several, ranging: Wed 03/01 - Fri 03/31 (23)	Employee has ACT Leave of Absence on a day without any other Leave recorded	Warning	

To correct the yellow warning, select a pay code and enter hours as usual for the day(s) you took leave – **DO NOT** associate the leave with the protected leave case number, the Leave of Absence pay code on your timesheet is already recording the protected leave:



Note: for more information about entering time on your timesheet, see the appropriate <u>EmpCenter</u> <u>User Guide</u> for your policy profile.

# **Appendix A: Protected Leave Resources**

# OSU Office of Human Resources Family Medical Leave Act and Oregon Family Leave Act Information

https://hr.oregonstate.edu/benefits/fmla

#### Federal Family and Medical Leave Act (FMLA)

https://www.dol.gov/whd/fmla/index.htm

#### Oregon Family Leave Act Oregon Act (OFLA)

https://hr.oregonstate.edu/sites/hr.oregonstate.edu/files/ercc/fmla/OFLA-notice.pdf https://www.oregon.gov/boli/TA/pages/t\_faq\_leave\_laws\_01-2011.aspx

#### Short Term Disability

https://www.oregon.gov/oha/pebb/Pages/Short-Term-Disability.aspx http://www.standard.com/eforms/16066\_442210.pdf

#### **Worker's Compensation Resources**

http://risk.oregonstate.edu/workerscomp

#### **OUS/SEIU Collective Bargaining Agreement**

https://hr.oregonstate.edu/sites/hr.oregonstate.edu/files/ercc/2015-19-seiu-cba-economicreopener.pdf

#### **Leave Policies**

https://hr.oregonstate.edu/sites/hr.oregonstate.edu/files/documents/general/leave\_admin\_pol.pdf