

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 FAMLI 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 \(FAMLI\) 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

AbsenceTracker is best supported on the latest versions of the following browsers:

- Chrome
- Edge

NOTE: AbsenceSoft recommends accessing the AbsenceTracker: Employee Self-Service (ESS) on a computer for the best user experience through Chrome or Edge browsers for the best user experience.

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

Please review this section prior to submitting your LOA request in the AbsenceTracker ESS. CU FAMLI 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 FAMLI wage replacement benefits on the first day of employment, receive CU FAMLI job protection after 180 days of employment, and are allowed 12 weeks of partial wage replacement through CU FAMLI per 12-month period.

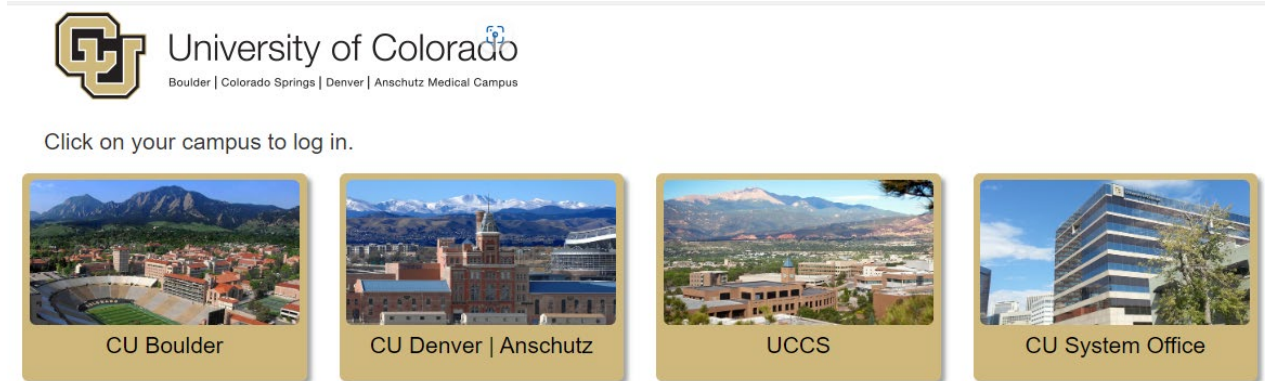
Important considerations when applying for CU FAMLI leave include:

- FAMLI 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 FAMLI will be subject to normal retirement contributions.
- Employees receiving FAMLI 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 FAMLI portion of employee wages.
 - The FAMLI wage replacement benefit calculation requires rounding of decimals to pay employees on their paycheck. This rounding may impact actual dollars paid.

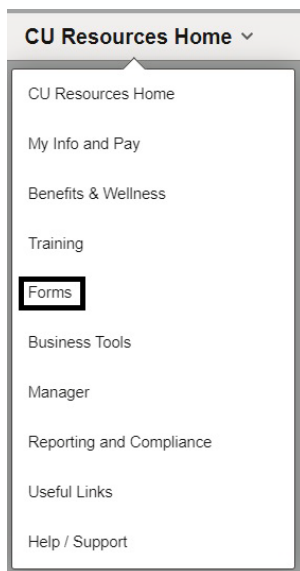
An employee did not have any or enough supplemental paid leave entered, and their check only reflects their FAMLI benefit amount.

AbsenceTracker (ESS): Access and Login

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



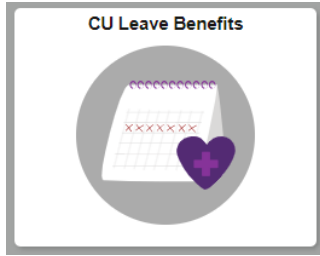
2. **Select *Forms*** from the *CU Resources Home* dropdown menu.



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



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



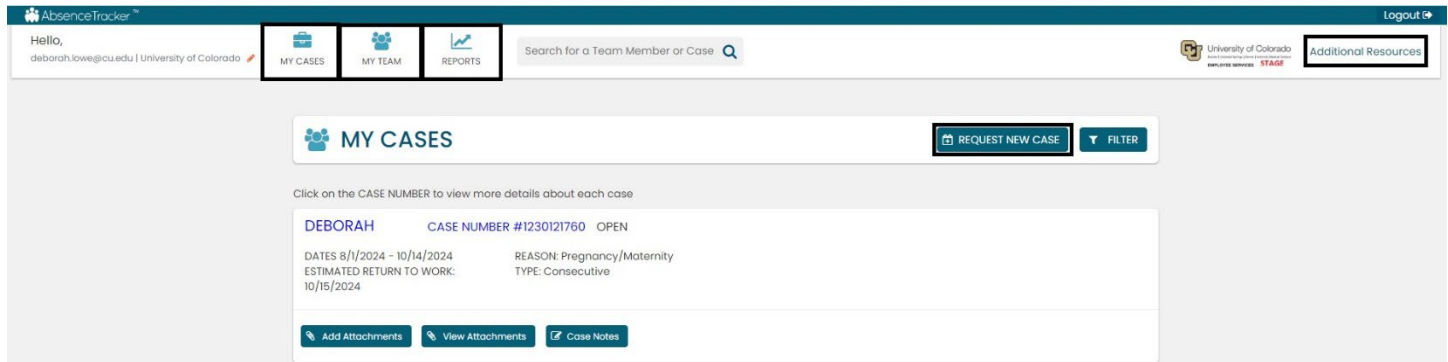
5. **Select *Leave Self-Service* Tile.**



AbsenceTracker (ESS): ESS Manager/Supervisor Dashboard

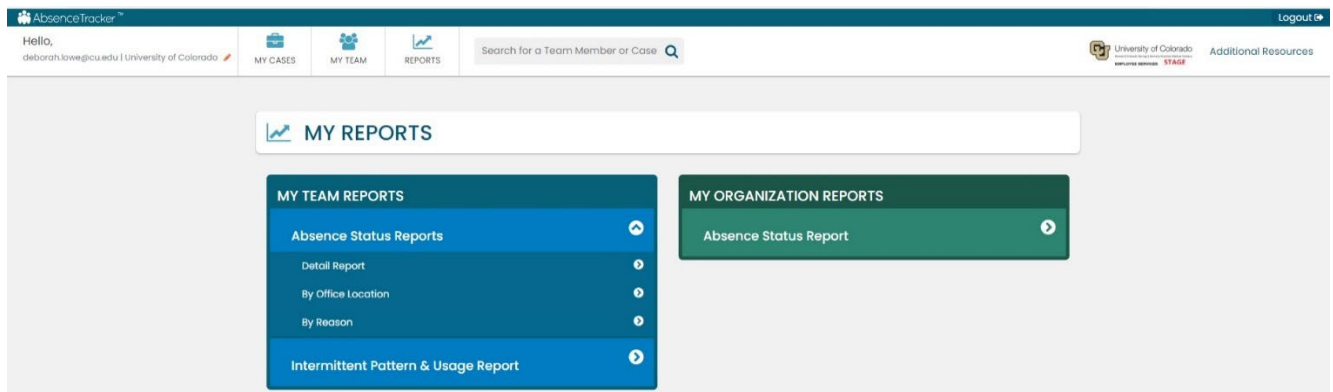
The dashboard will appear on the ESS home screen. *My Case* allows you to view and manage your personal leave case history. *My Team* allows manager/supervisors to view their direct report cases or request a leave and manage the case on their behalf if needed. HR partners will be able to view and manage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

Dashboard Overview:

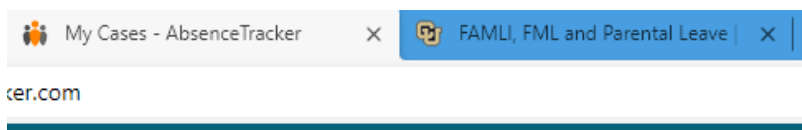


The manager landing page contains:

- **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.

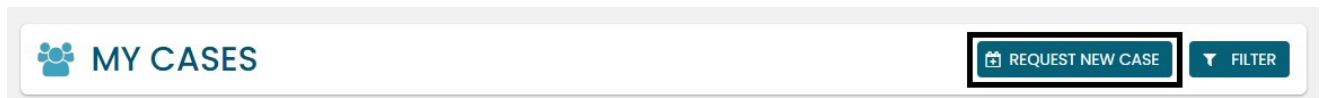
Applying for Consecutive Leave of Absence

If you are requesting a new case for yourself:

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



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

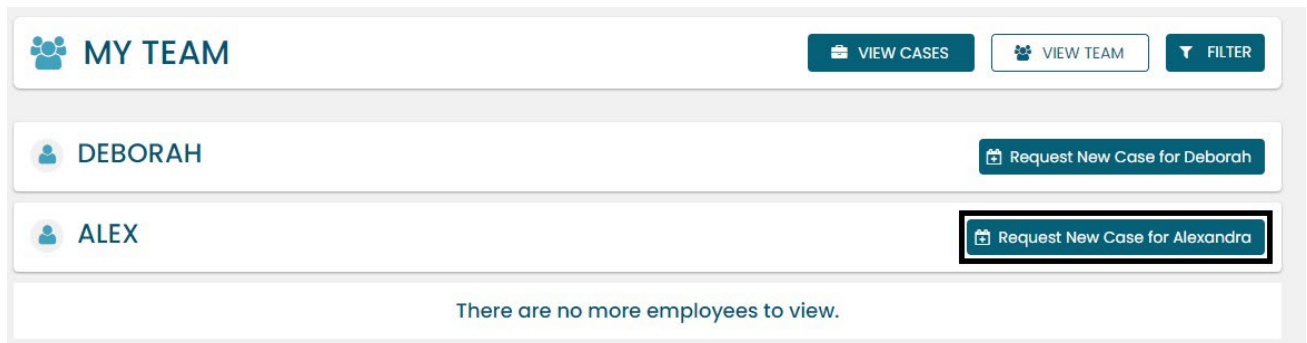


If you are requesting a new case for an employee:

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

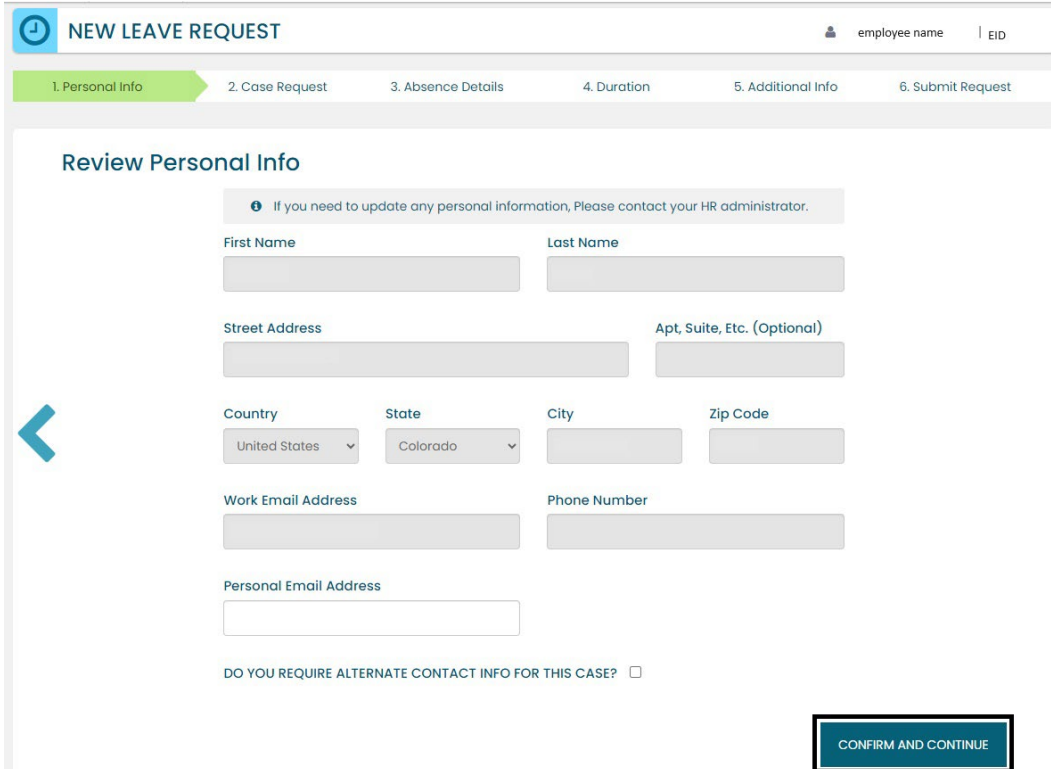


2. Use the *Search for a Team Member or Case* to find the employee OR select *View Team*.



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: United States | State: Colorado | 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

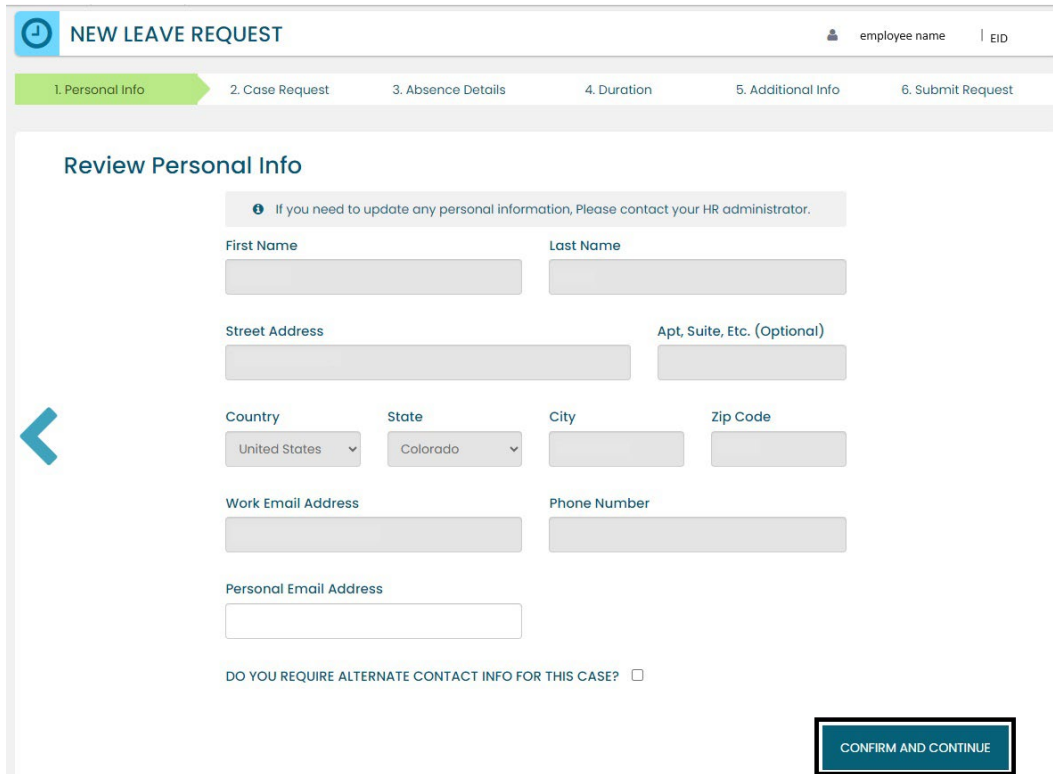
This information applies to this case only

Personal Email Address | Phone Number

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

Country: Select a Country | State: Select a 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:

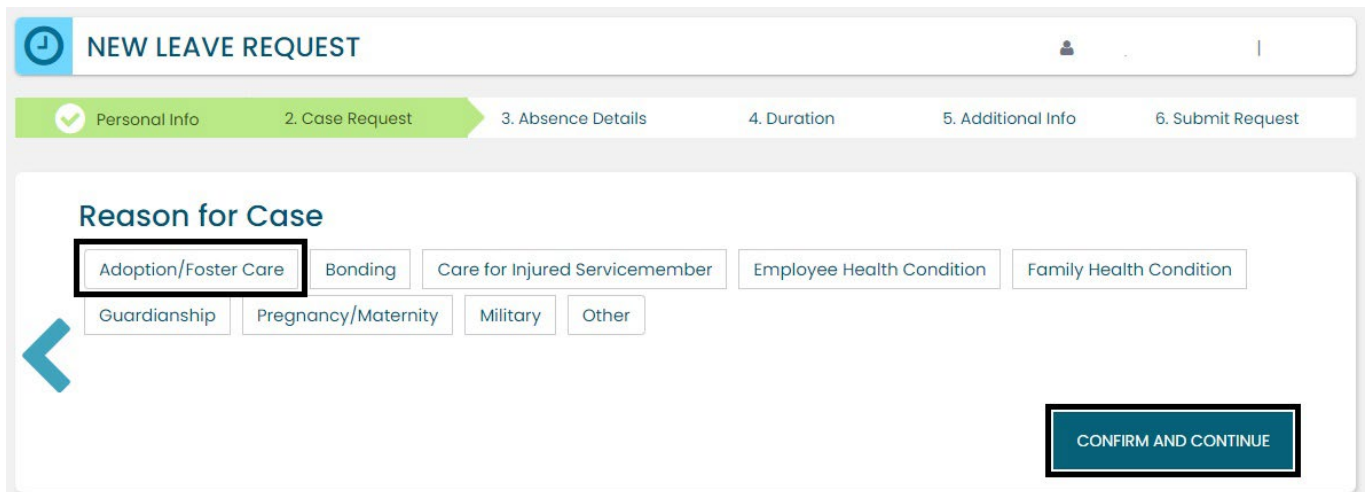
Personal Email Address:

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE? ☐

CONFIRM AND CONTINUE

Reason for Case

1. **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.



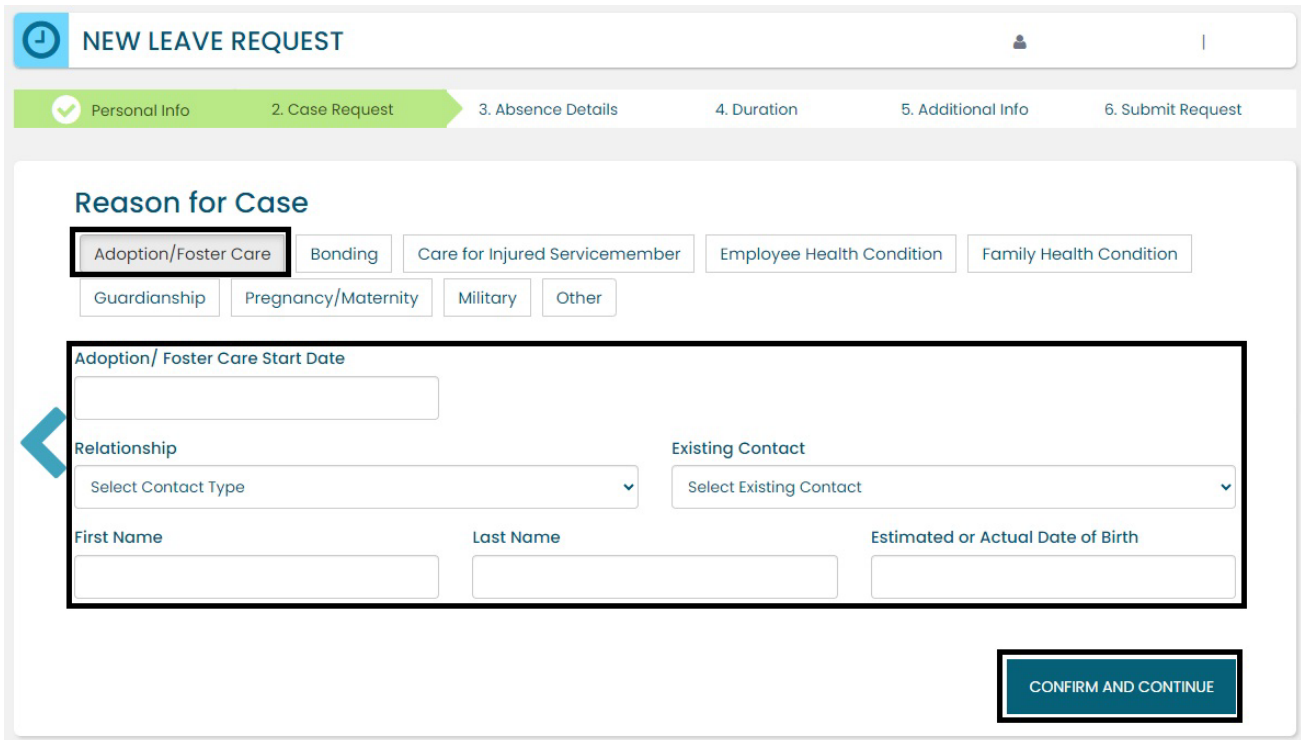
NEW LEAVE REQUEST | | |

1. 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

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 Existing Contact

Select Contact Type Select Existing Contact

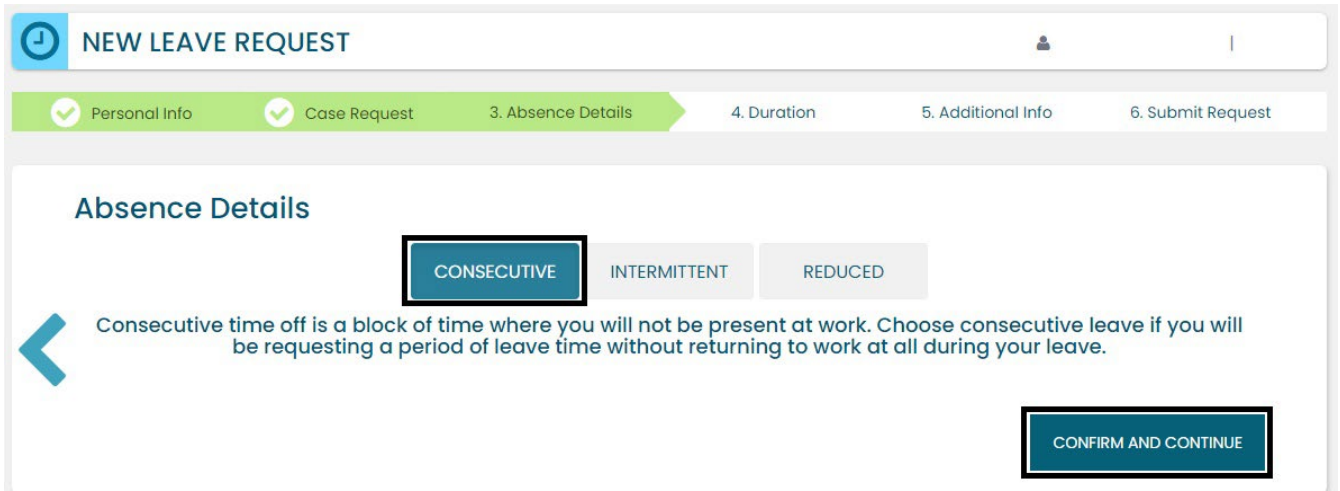
First Name Last Name Estimated or Actual Date of Birth

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

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

Absence Details

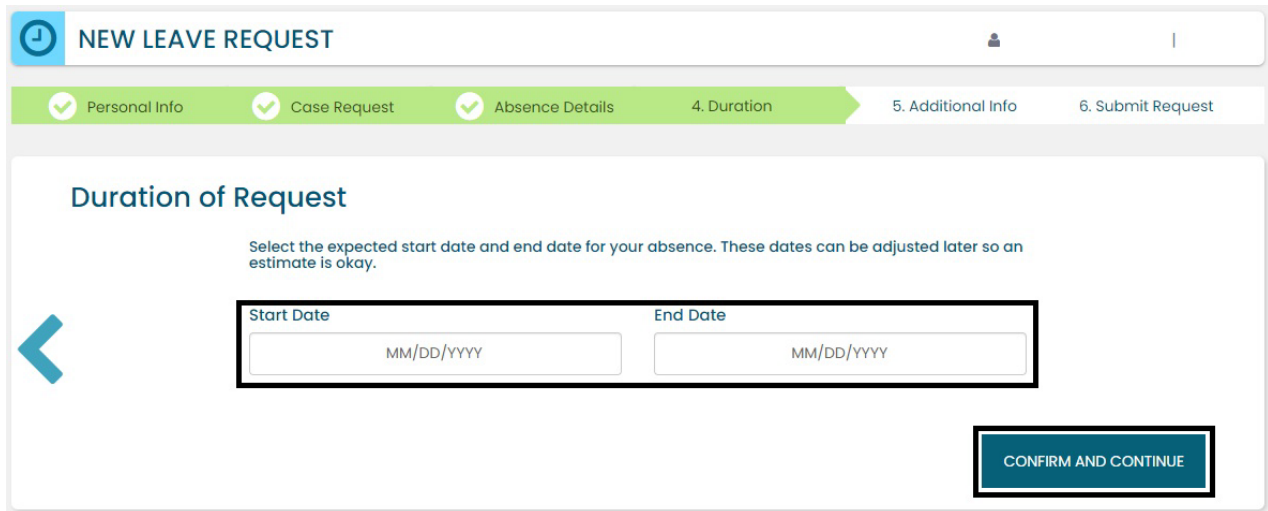
CONSECUTIVE INTERMITTENT REDUCED

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*.

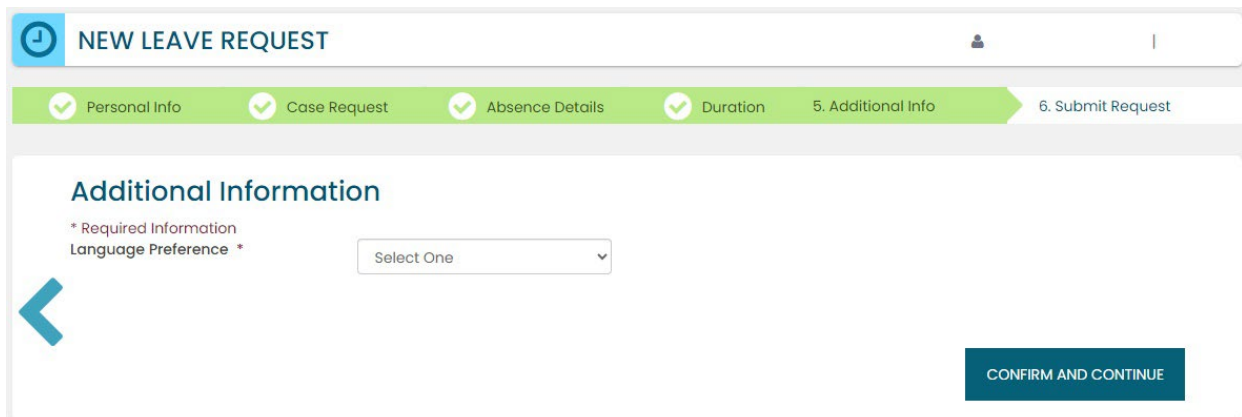


The screenshot shows the 'NEW LEAVE REQUEST' interface. A progress bar at the top indicates the current step is '4. Duration', with previous steps 'Personal Info', 'Case Request', and 'Absence Details' marked as complete. The main heading is 'Duration of Request'. Below it, a note states: 'Select the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

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.

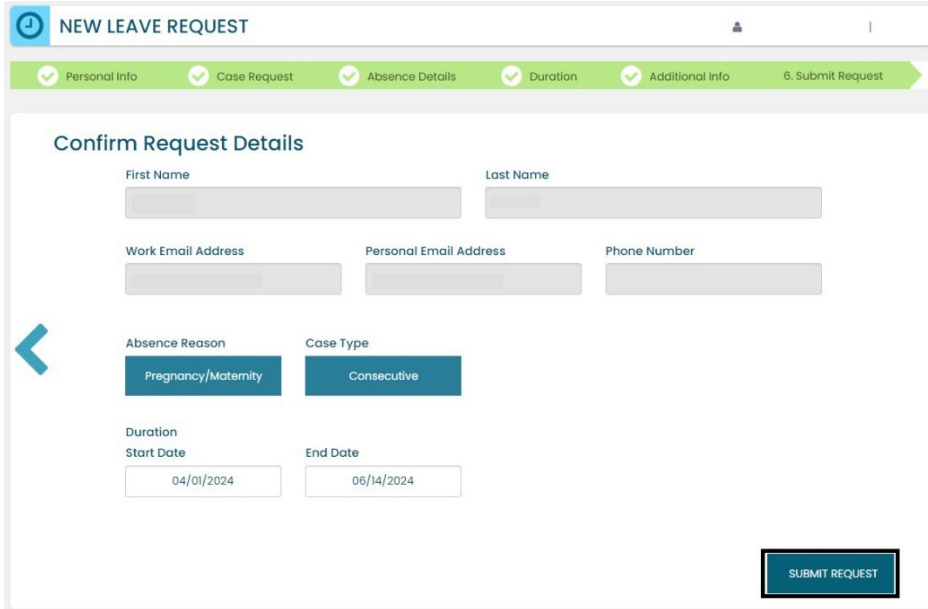


The screenshot shows the 'NEW LEAVE REQUEST' interface. The progress bar now highlights '5. Additional Info', with 'Duration' also marked as complete. The main heading is 'Additional Information'. Below it, a note states: '* Required Information Language Preference *'. There is a dropdown menu with the text 'Select One'. A blue back arrow is on the left, and a 'CONFIRM AND CONTINUE' button is on the 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 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.**



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

Pregnancy/Maternity Consecutive

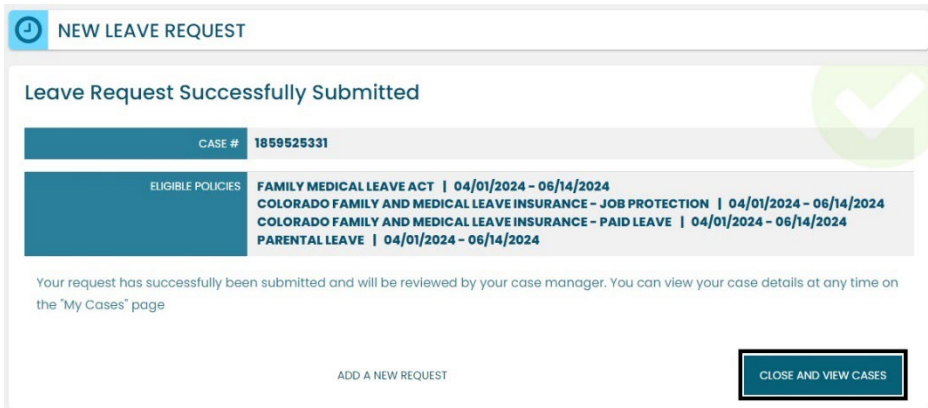
Duration

Start Date End Date

04/01/2024 06/14/2024

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 # 1859525331

ELIGIBLE POLICIES

FAMILY MEDICAL LEAVE ACT | 04/01/2024 - 06/14/2024
COLORADO FAMILY AND MEDICAL LEAVE INSURANCE - JOB PROTECTION | 04/01/2024 - 06/14/2024
COLORADO FAMILY AND MEDICAL LEAVE INSURANCE - PAID LEAVE | 04/01/2024 - 06/14/2024
PARENTAL LEAVE | 04/01/2024 - 06/14/2024

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

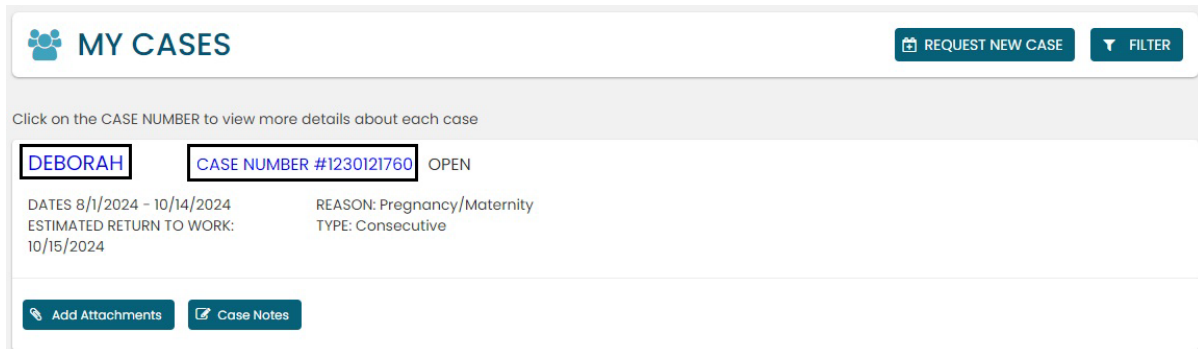
NOTE: Confirmation emails are not automatically sent. The Case Manager will send the employee and the manager/supervisor/HR contact a confirmation email with next steps **within five business days** after the request has been submitted in the ESS portal.

Pending 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

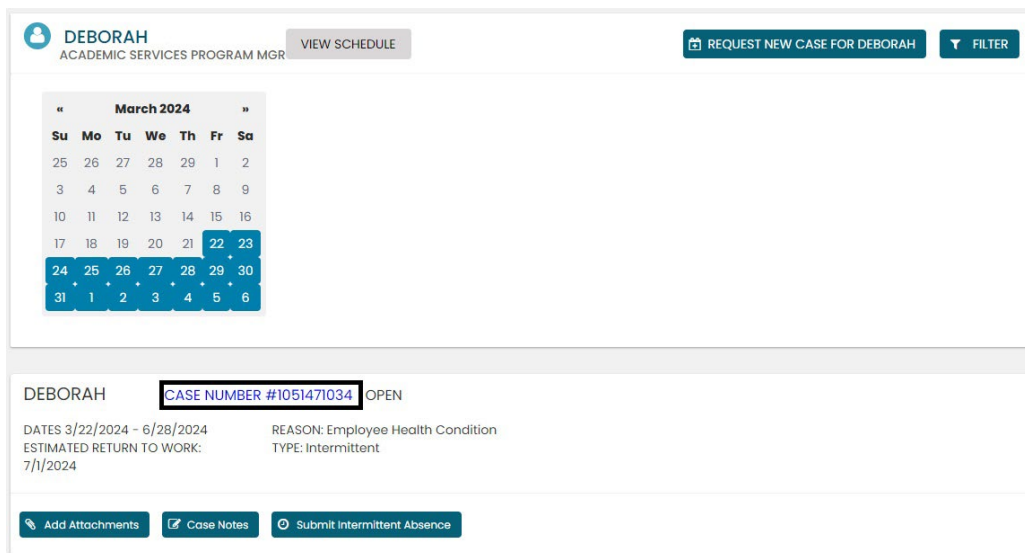
Click on the CASE NUMBER to view more details about each case

NAME	CASE NUMBER	STATUS
DEBORAH	#1230121760	OPEN

DATES 8/1/2024 - 10/14/2024
 ESTIMATED RETURN TO WORK: 10/15/2024
 REASON: Pregnancy/Maternity
 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
 ESTIMATED RETURN TO WORK: 7/1/2024
 REASON: Employee Health Condition
 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
ESTIMATED RETURN TO WORK: 7/1/2024
PRIMARY ASSIGNEE: Cynthia Comfort

REASON: Employee Health Condition
TYPE: Intermittent

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

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

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.

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 Revised: April 29, 2024 | leave@cu.edu

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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

PREFERENCE:

English

[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 ESTIMATED RETURN TO WORK: 10/15/2024		REASON: Pregnancy/Maternity 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
 ESTIMATED RETURN TO WORK: 10/15/2024

REASON: Pregnancy/Maternity
 TYPE: Consecutive

Add Attachments
Case Notes

DEBORAH
CASE NUMBER #1230121760 OPEN

DATES: 8/1/2024 - 10/14/2024
 ESTIMATED RETURN TO WORK: 10/15/2024
 PRIMARY ASSIGNEE: Cynthia Comfort

REASON: Pregnancy/Maternity
 TYPE: Consecutive

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 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 FMLI 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 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](#)

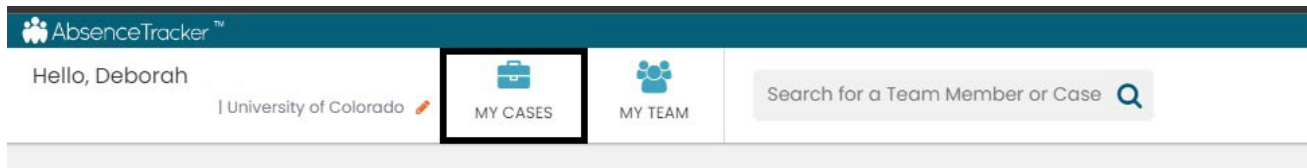
Apply For and Manage Intermittent Leave of Absence

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*

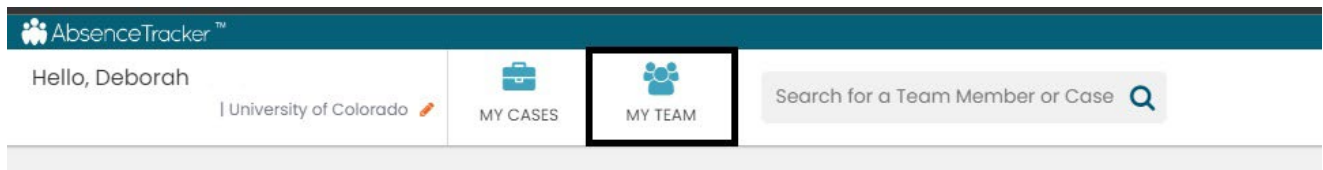


4. Select *Request a New Case*.

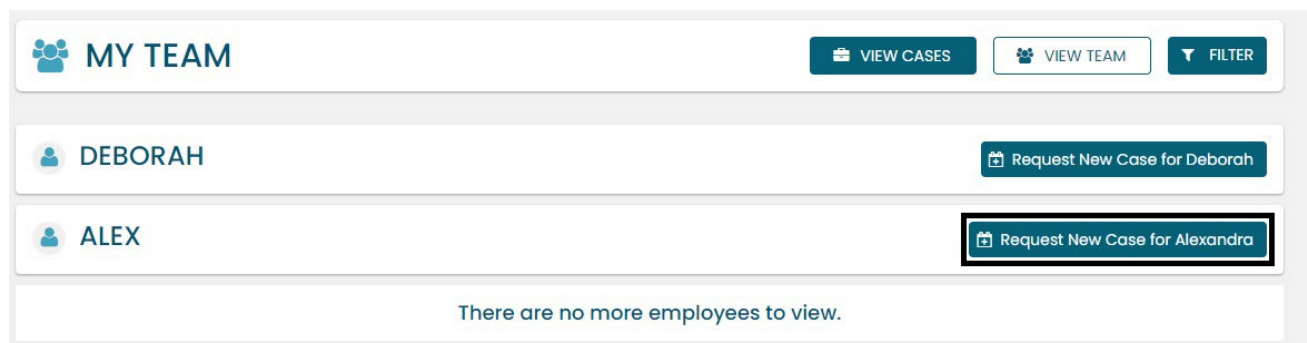


If you are requesting a new case for an employee:

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

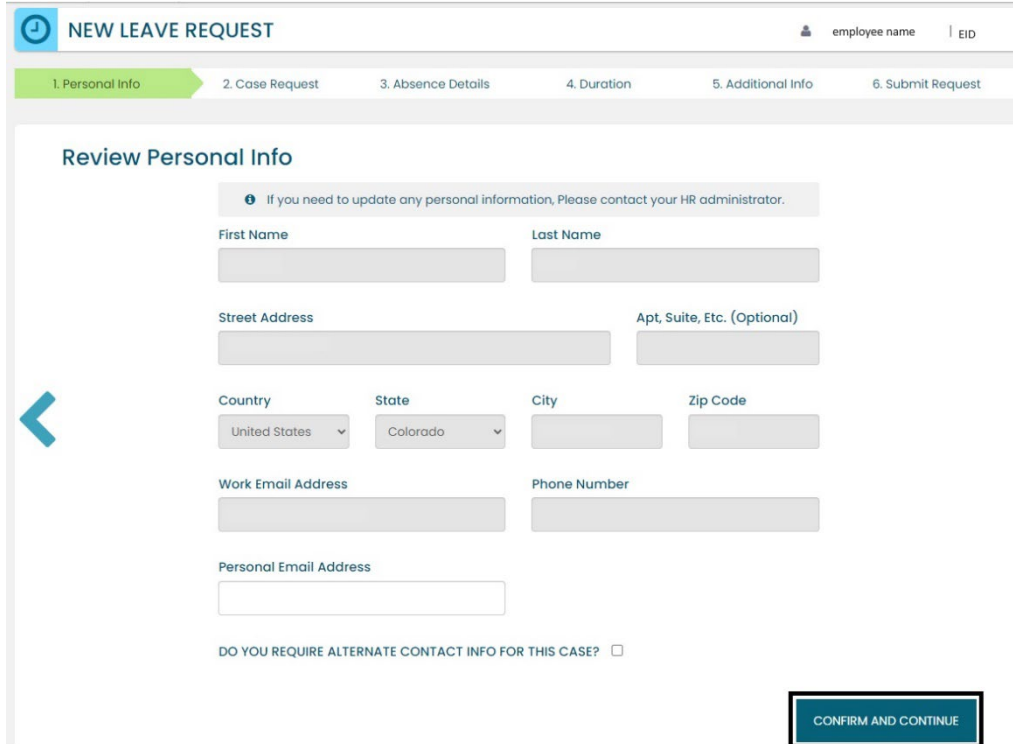


4. Use the *Search for a Team Member or Case* to find the employee OR select *View Team*.



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

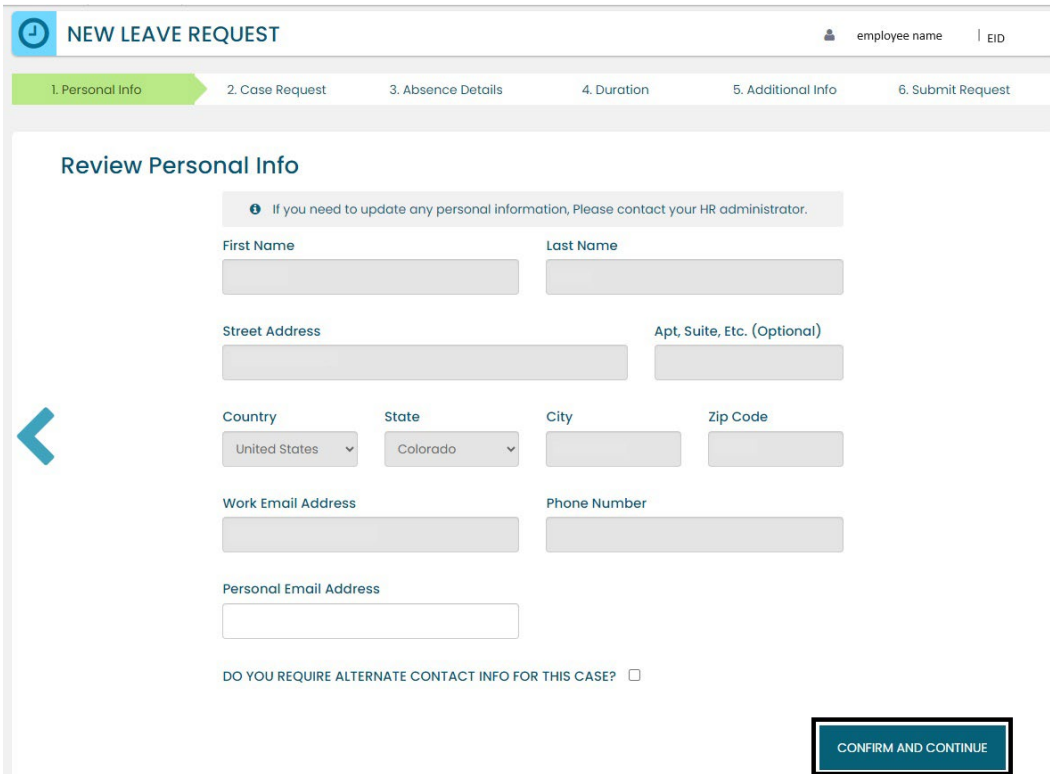
This information applies to this case only

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 | Last Name

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

Country | State | City | Zip Code

Work Email Address | Phone Number

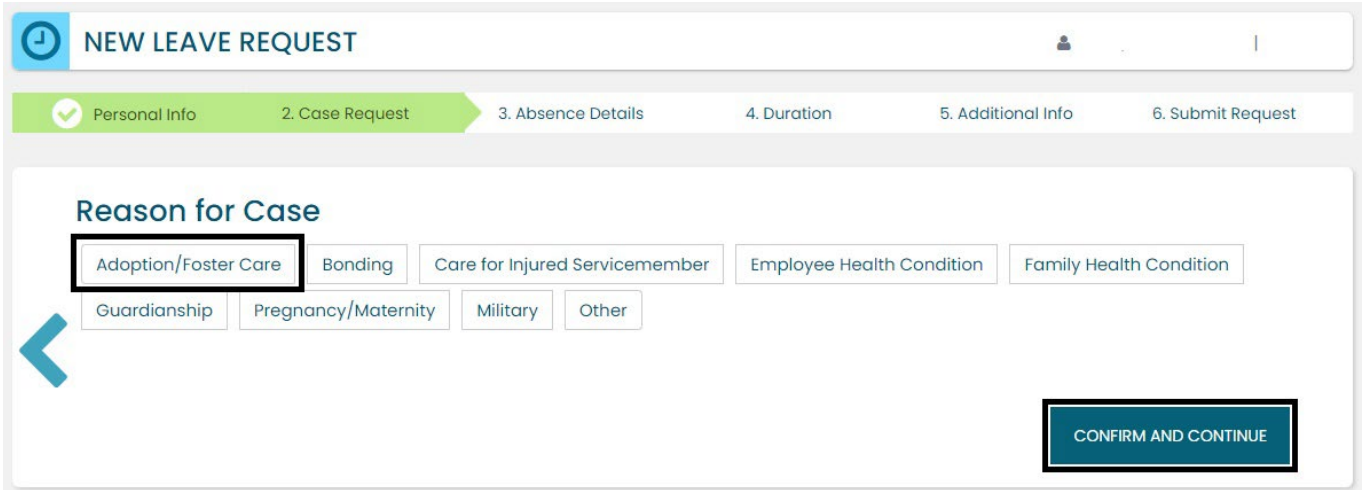
Personal Email Address

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



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

CONFIRM AND CONTINUE

NEW LEAVE REQUEST

Personal Info

Case Request

Absence Details

Duration

Additional Info

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

Personal Info

Case Request

Absence Details

Duration

Additional Info

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.

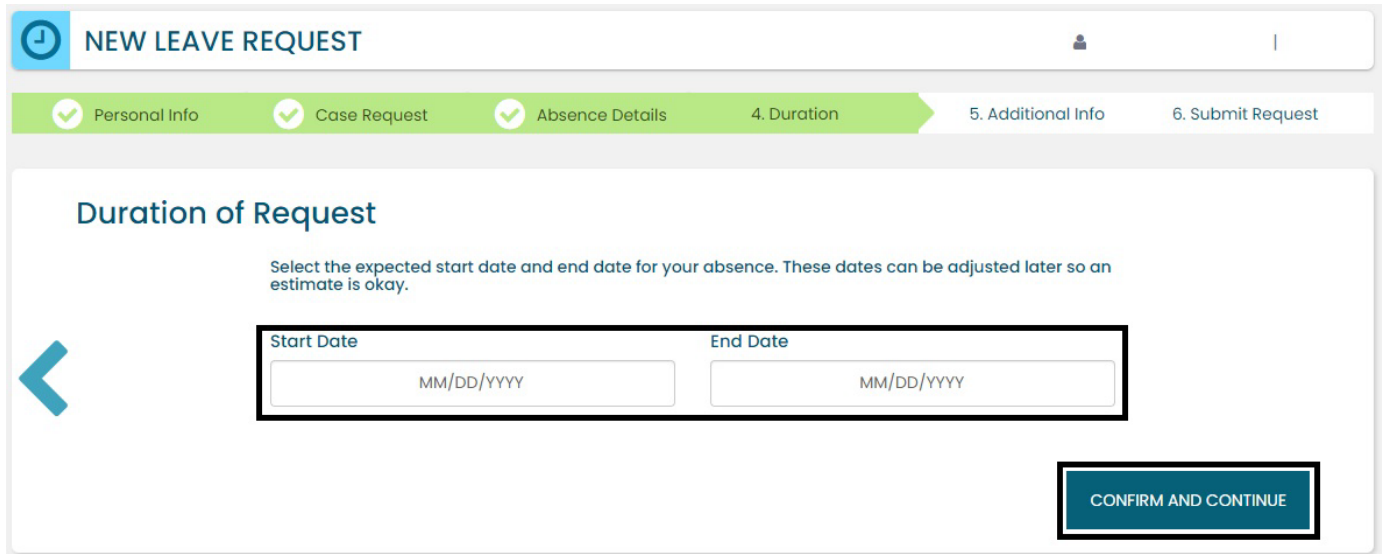
CONFIRM AND CONTINUE

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.

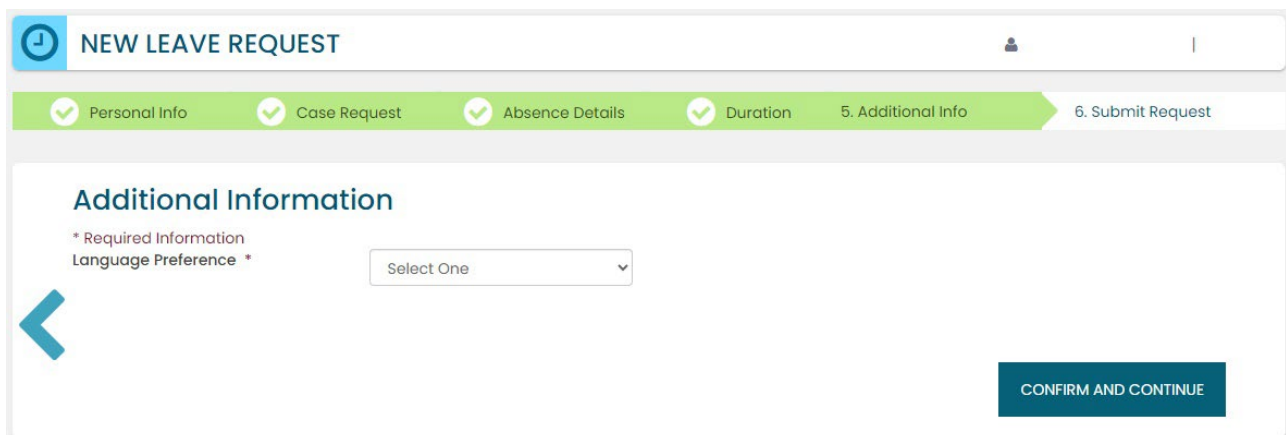
3. **Select** *Confirm and Continue*.



Additional Information

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

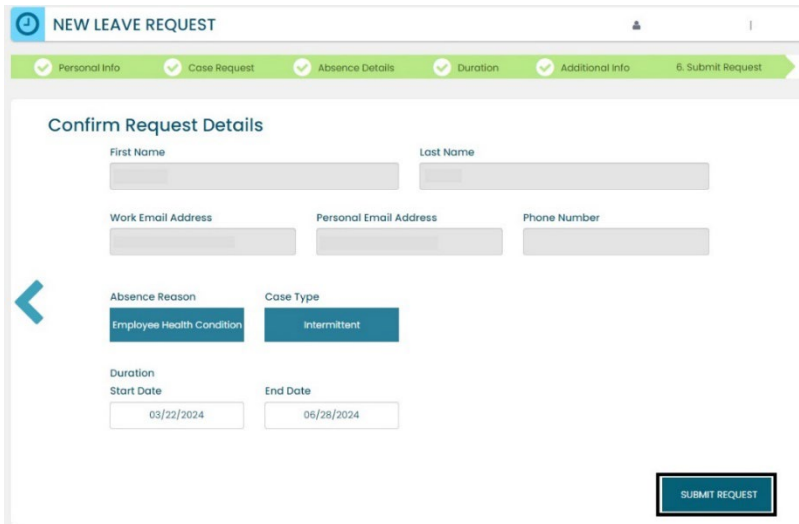
NOTE: this information is for tracking language needs. At this time, the ESS portal only supports English.



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

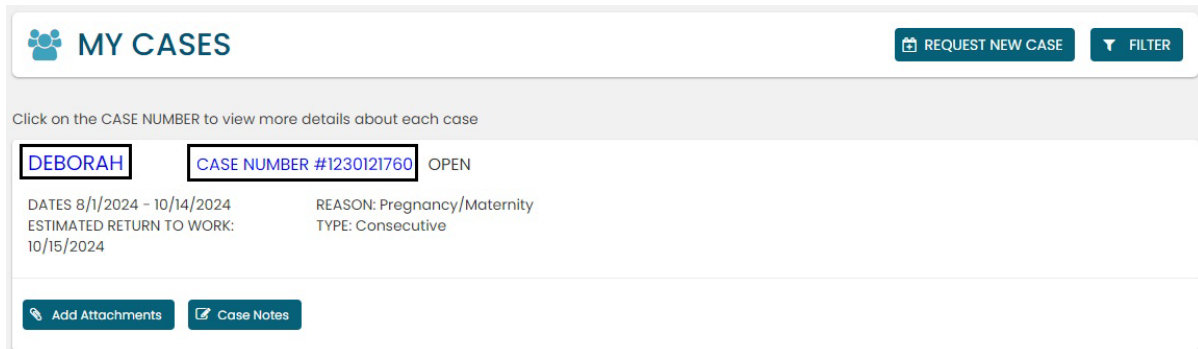
NOTE: Confirmation emails are not automatically sent. The Case Manager will send the employee and the manager/supervisor/HR contact a confirmation email with next steps **within five business days** after the request has been submitted in the ESS portal.

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

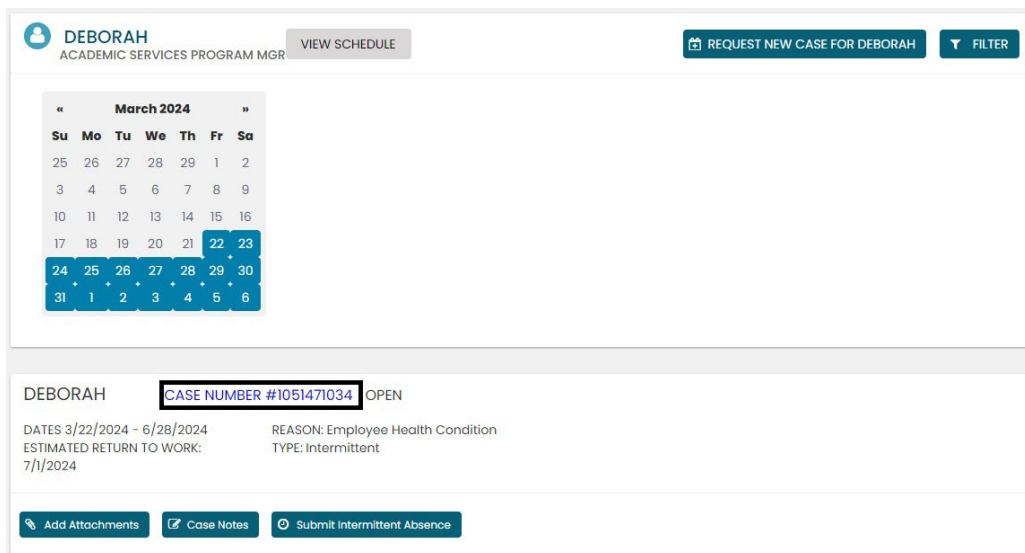
Click on the CASE NUMBER to view more details about each case

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

5. **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
ESTIMATED RETURN TO WORK: 7/1/2024
PRIMARY ASSIGNEE: Cynthia Comfort

REASON: Employee Health Condition
TYPE: Intermittent

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

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


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
 ESTIMATED RETURN TO WORK: 8/1/2024

REASON: Employee Health Condition
 TYPE: Reduced

Add Attachments

Case Notes

- 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
 ESTIMATED RETURN TO WORK: 6/17/2024
 PRIMARY ASSIGNEE: Cynthia Comfort

REASON: Pregnancy/Maternity
 TYPE: Consecutive

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
ESTIMATED RETURN TO WORK: 7/1/2024

REASON: Employee Health Condition
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
ESTIMATED RETURN TO WORK: 7/1/2024
PRIMARY ASSIGNEE: Cynthia Comfort

REASON: Employee Health Condition
TYPE: Intermittent

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 do not need to submit time through any other reporting mechanism.

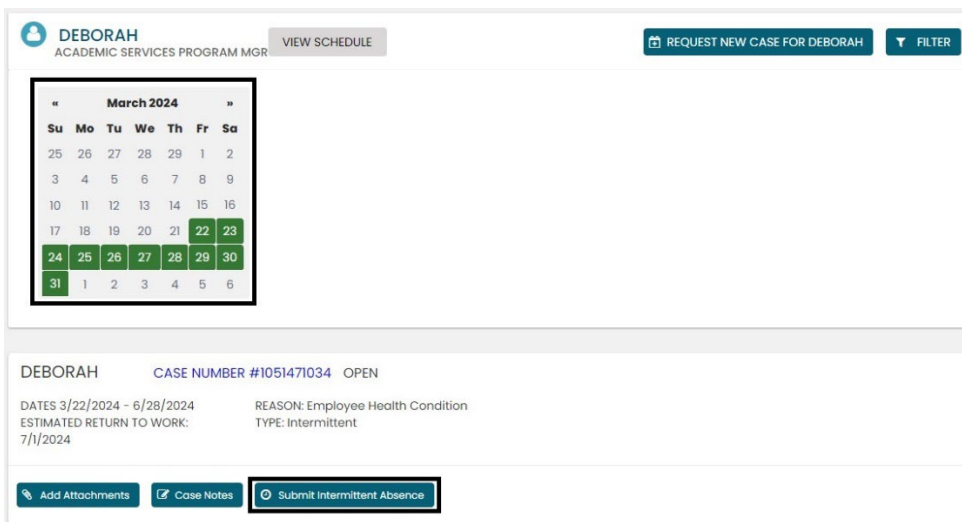
Leave Reporting

- 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.

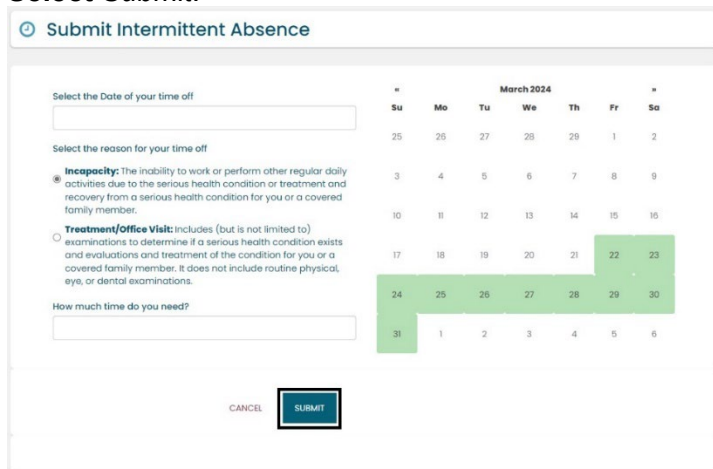


The screenshot shows the ESS portal interface for a user named DEBORAH. At the top, there's a header with the user's name and a 'VIEW SCHEDULE' button. Below this is a calendar for March 2024. The calendar shows dates from 25 to 31. The dates 22, 23, 24, 25, 26, 27, 28, 29, and 30 are highlighted in green. Below the calendar, there's a section for case details. It shows 'DEBORAH' and 'CASE NUMBER #1051471034' with an 'OPEN' status. The dates are listed as 'DATES 3/22/2024 - 6/28/2024' and 'ESTIMATED RETURN TO WORK: 7/1/2024'. The reason for leave is 'Employee Health Condition' and the type is 'Intermittent'. At the bottom, there are three buttons: 'Add Attachments', 'Case Notes', and 'Submit Intermittent Absence'.

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.

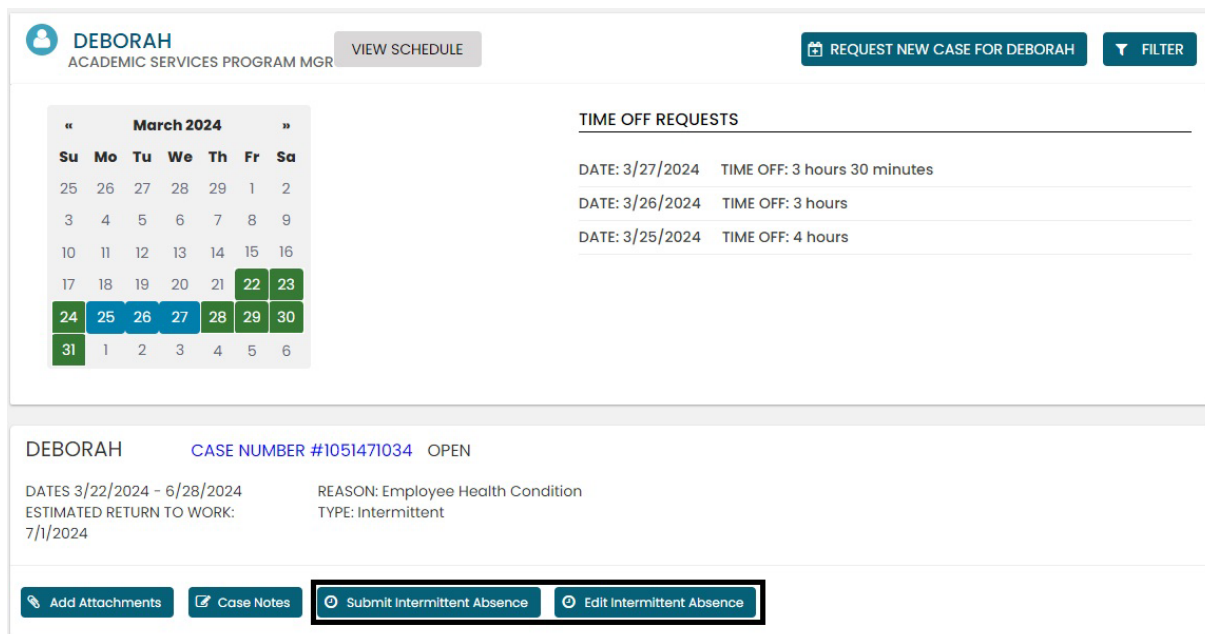
Example: 4h 0m or 2h 30m

5. **Select *Submit*.**



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.



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

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[Resources](#)

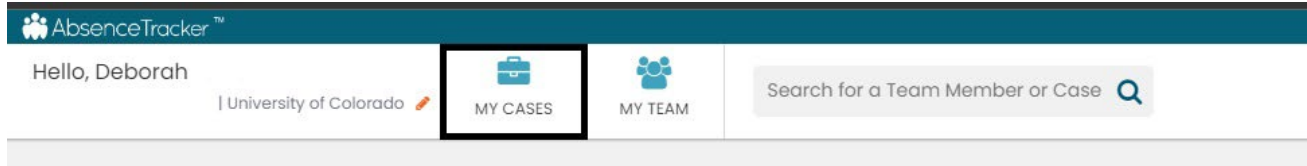
Apply for and Manage Reduced Schedule Leave of Absence

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*.

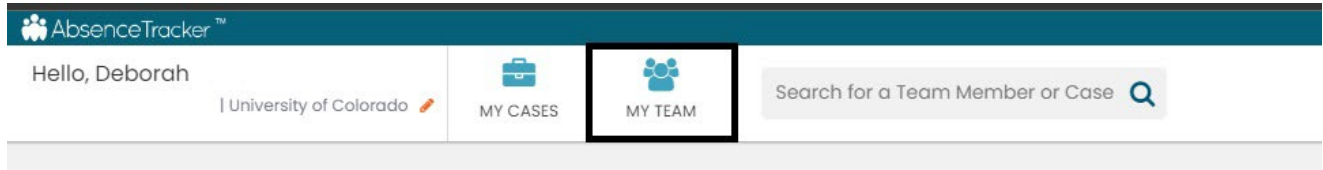


6. Select *Request a New Case*.

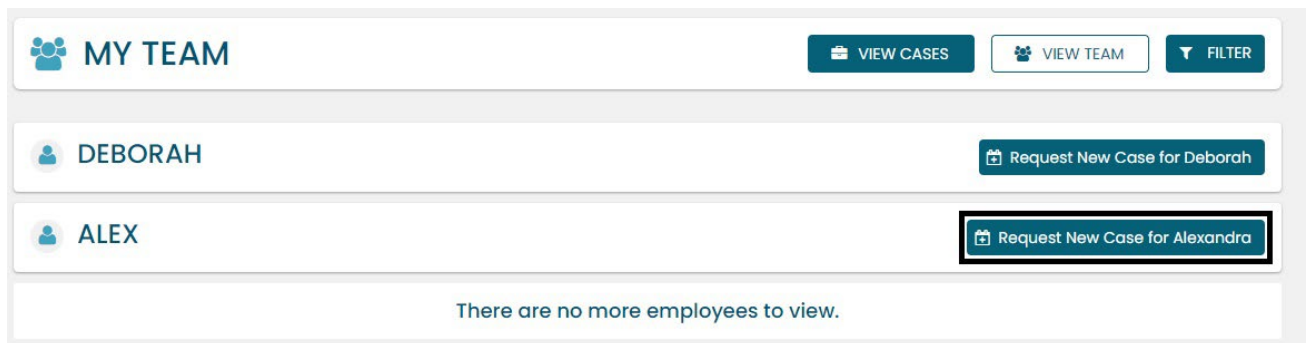


If you are requesting a new case for an employee:

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

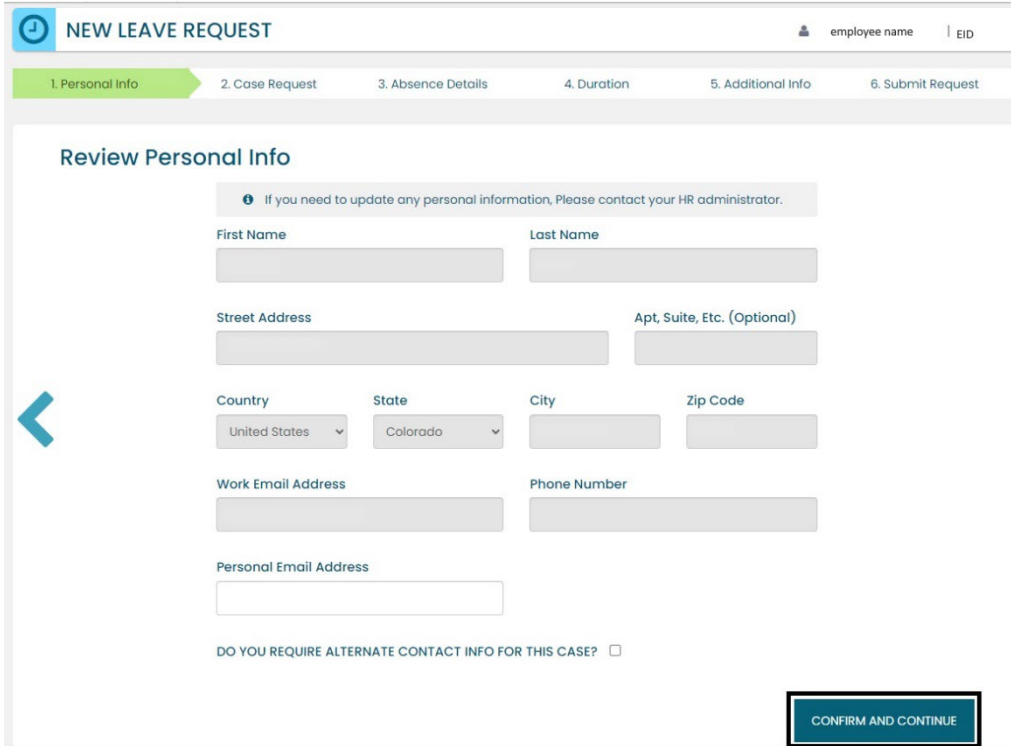


6. Use the *Search for a Team Member or Case* to find the employee OR select *View Team*.



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

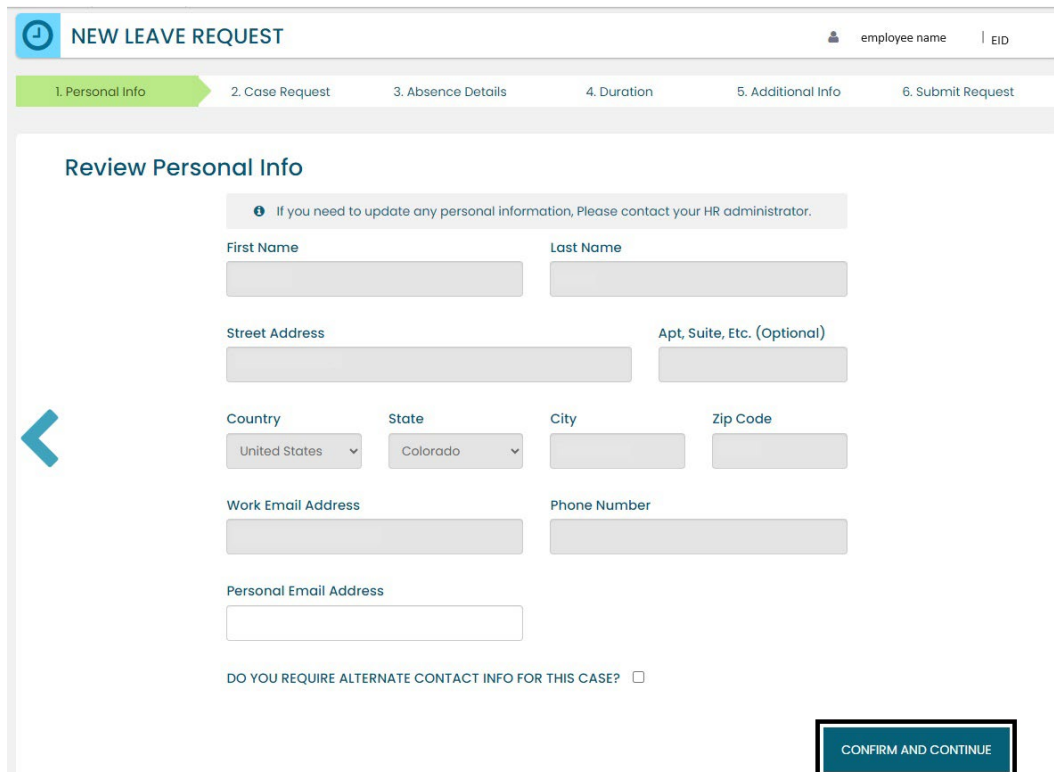
Personal Email Address | Phone Number

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

Country | State | City | Zip Code

Select a Country | Select a State

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

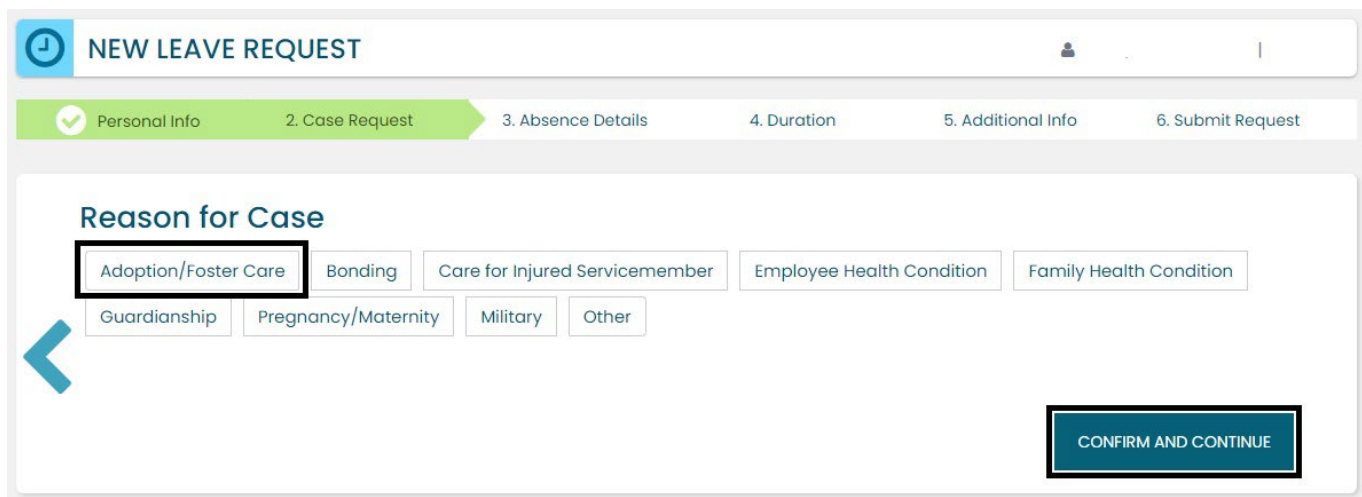
Personal Email Address

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 | |

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

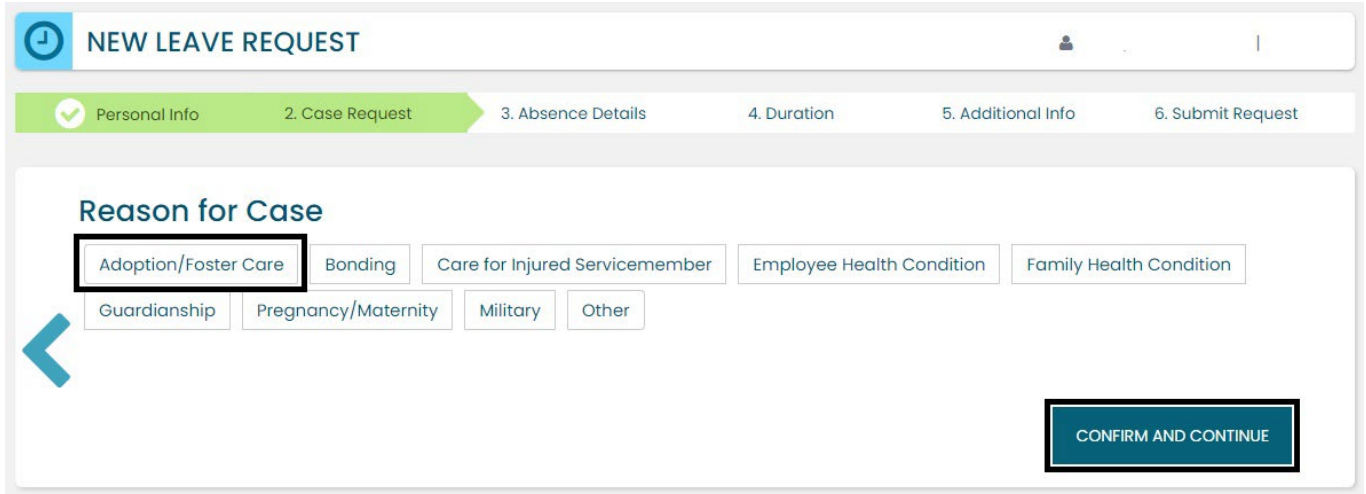
Reason for Case

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

Guardianship | Pregnancy/Maternity | Military | Other

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 Bonding Care for Injured Servicemember Employee Health Condition Family Health Condition

Guardianship Pregnancy/Maternity Military Other

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

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
New Hours Worked per Day	0h 0m	8h 0m	4h 0m	8h 0m	4h 0m	8h 0m	0h 0m

CONFIRM AND CONTINUE

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

20h 0m

FTE Hours per Week

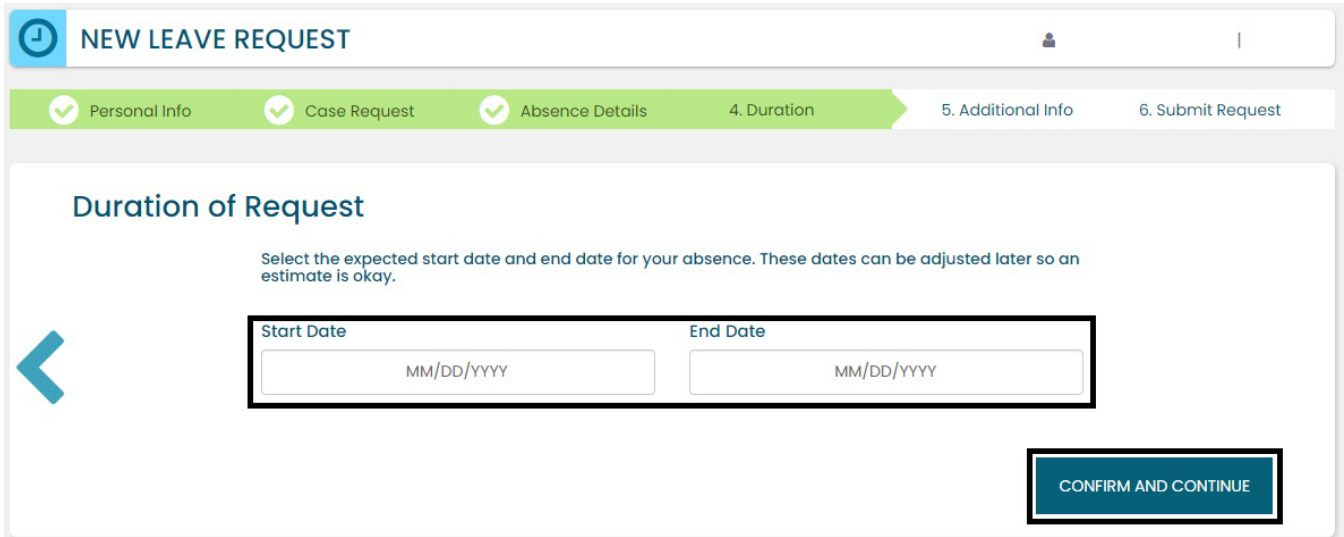
40h 0m

CONFIRM AND CONTINUE

3. Select *Confirm and Continue*.

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.

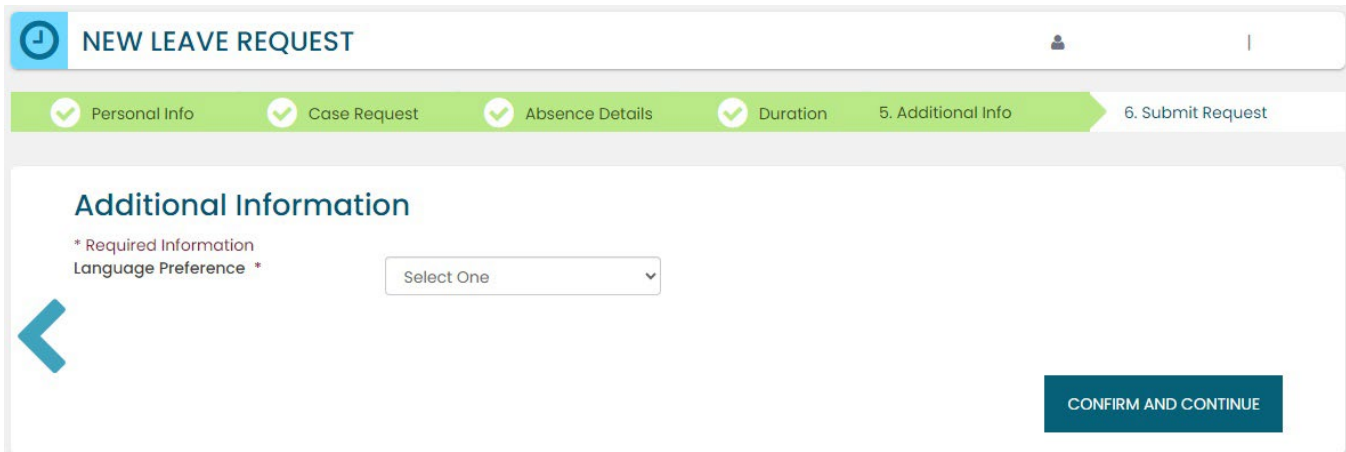


The screenshot shows the 'NEW LEAVE REQUEST' form at step 4, 'Duration'. The progress bar at the top indicates steps 1 through 4 are completed, with step 4 highlighted. The main heading is 'Duration of Request'. Below it, a note states: 'Select the expected start date and end date for your absence. These dates can be adjusted later so an estimate is okay.' There are two input fields: 'Start Date' and 'End Date', both with a placeholder 'MM/DD/YYYY'. A blue back arrow is on the left, and a 'CONFIRM AND CONTINUE' button is on the 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.

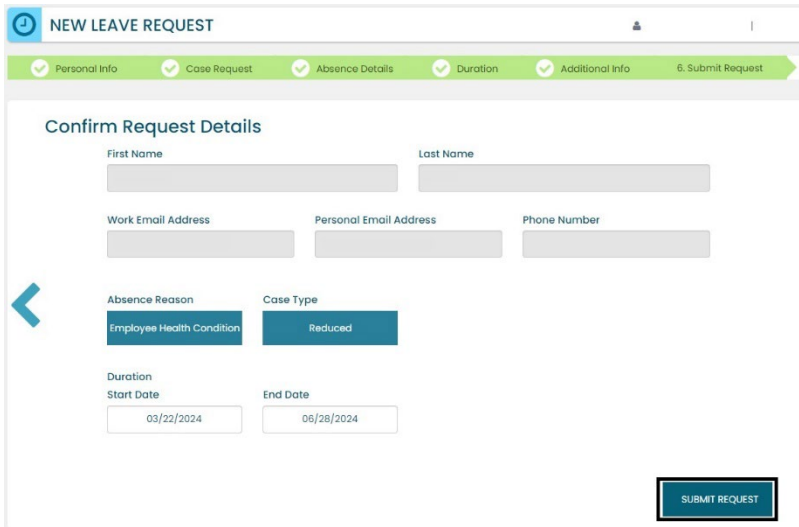


The screenshot shows the 'NEW LEAVE REQUEST' form at step 5, 'Additional Information'. The progress bar at the top indicates steps 1 through 5 are completed, with step 5 highlighted. The main heading is 'Additional Information'. Below it, a note states: '* Required Information Language Preference *'. There is a dropdown menu with the text 'Select One'. A blue back arrow is on the left, and a 'CONFIRM AND CONTINUE' button is on the 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 ESTIMATED RETURN TO WORK: 10/15/2024	REASON: Pregnancy/Maternity 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
 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 ESTIMATED RETURN TO WORK: 8/1/2024	REASON: Employee Health Condition 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.


DEBORAH
CASE NUMBER #1041766131
OPEN

DATES: 7/1/2024 - 7/31/2024
ESTIMATED RETURN TO WORK: 8/1/2024
PRIMARY ASSIGNEE: Cynthia Comfort

REASON: Employee Health Condition
TYPE: Reduced

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

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


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

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
 ESTIMATED RETURN TO WORK: 8/1/2024

REASON: Employee Health Condition
 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
 ESTIMATED RETURN TO WORK: 8/1/2024
 PRIMARY ASSIGNEE: Cynthia Comfort

REASON: Employee Health Condition
 TYPE: Reduced

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

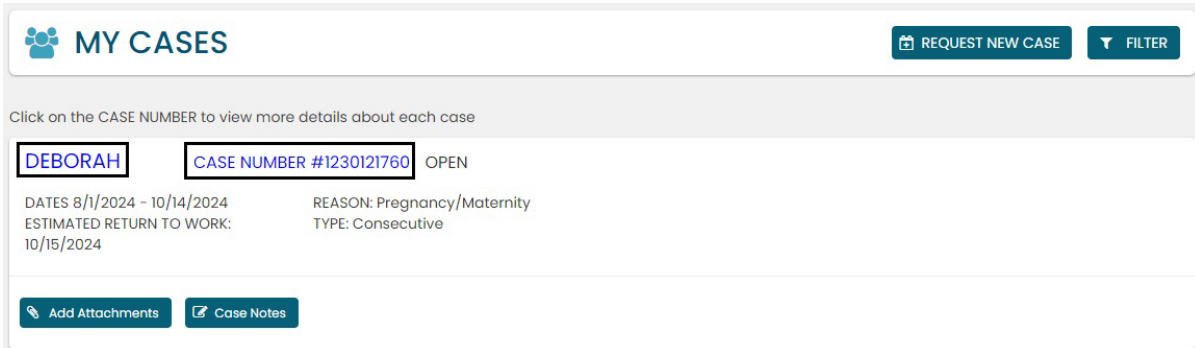
Approved Reduced Schedule Leave Case

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

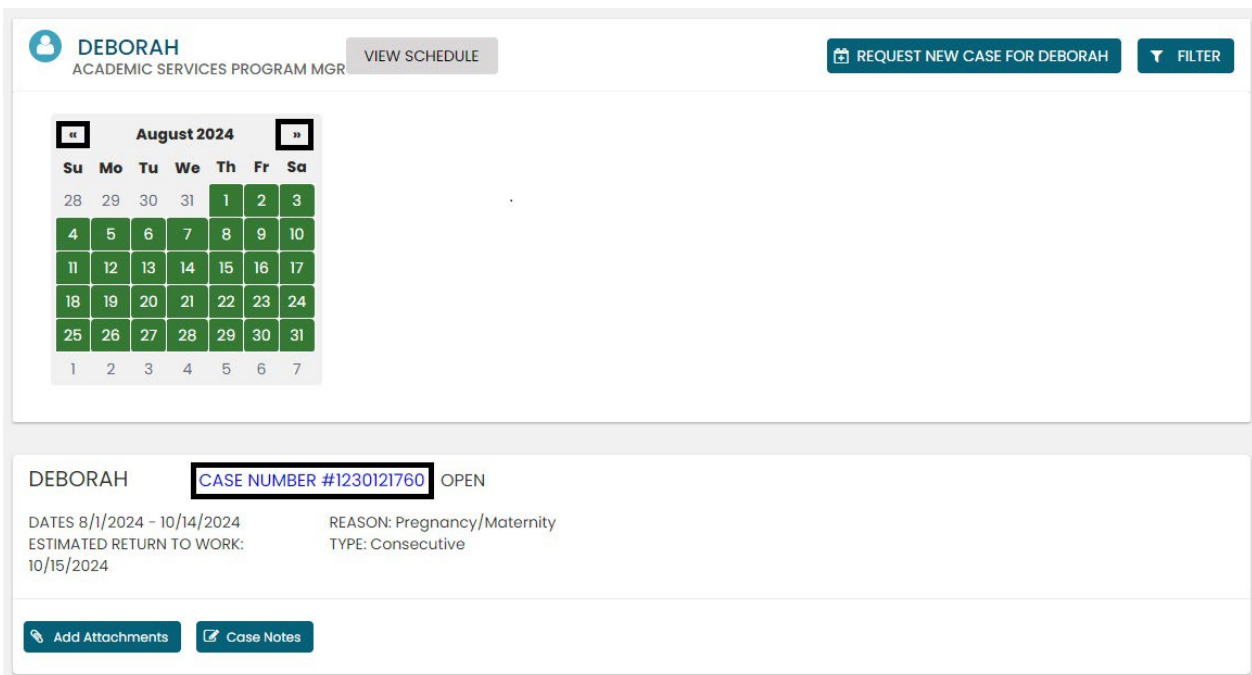
DEBORAH **CASE NUMBER #1230121760** OPEN

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 **VIEW SCHEDULE** REQUEST NEW CASE FOR DEBORAH FILTER

ACADEMIC SERVICES PROGRAM MGR

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 FMLI 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 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:**

[Table of Contents](#)

[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.](#)