

Employee Services Leave Programs

Leave of Absence Employee Self-Service (ESS)

Employee User Guide

This guide is designed to help employees apply for and manage a leave of absence (LOA) under the university's major leave programs including FMLA, FAMLI, and Parental Leave. You will learn how to navigate the AbsenceTracker: Employee Self-Service (ESS) portal, determine the type of leave you need to request (continuous, intermittent, or reduced schedule), request your leave, and manage it.

Guide Navigation

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

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 you need additional information on various leave programs before applying, please refer to the appropriate guide: *Parental Leave Employee Guide*, *Family and Medical Leave Insurance (FAMLI) Employee Guide* or the *Family and Medical Leave Act (FMLA) Employee Guide* on the [CU Leave Benefits guides website](#).

If you are unable to make a LOA request, your supervisor/manager or Human Resources (HR) contact can request and manage the case through the AbsenceTracker: Employee Self-Service (ESS) Manager portal on your behalf. Please refer to the *Leave of Absence Employee Self-Service (ESS) Manager, Supervisor and HR Partner User Guide* on the [ESS User Guide website](#) for more information.

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:

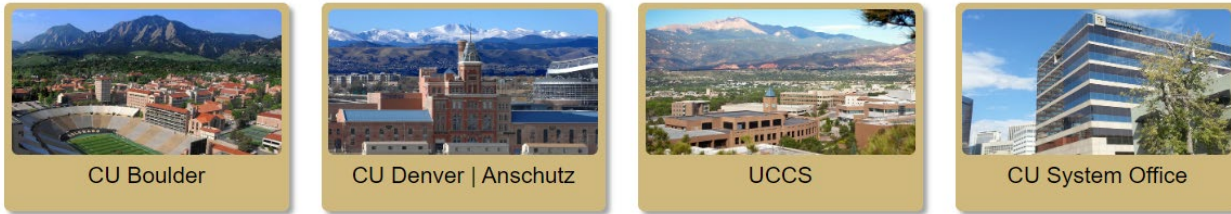
- FAMLI payments made to employees by CU are exempt from all retirement plan contributions, mandatory and voluntary. Any paid parental leave, sick and vacation leave used to supplement FAMLI will be subject to normal retirement contributions.
- Employees receiving FAMLI payments can anticipate up to 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

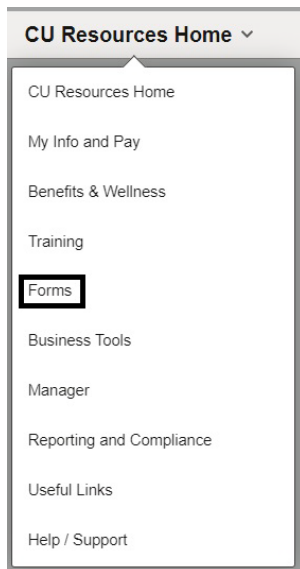
1. **Login** to the [employee portal](https://my.cu.edu/) (<https://my.cu.edu/>).



Click on your campus to log in.



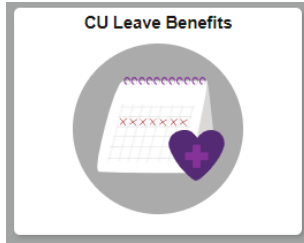
2. **Select Forms** from the *CU Resources Home* dropdown menu.



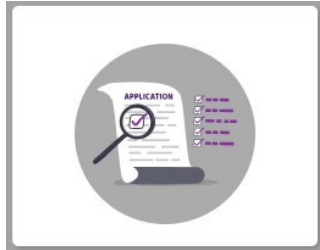
3. **Select the Collaborative HR Services** tile.



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



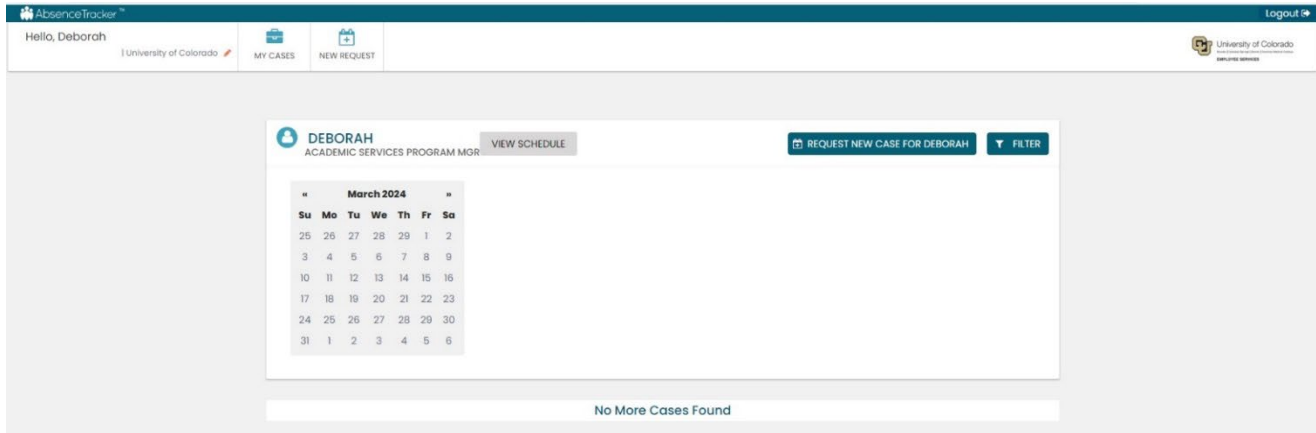
5. **Select *Leave Self-Service* Tile.**



AbsenceTracker (ESS): ESS Employee Dashboard

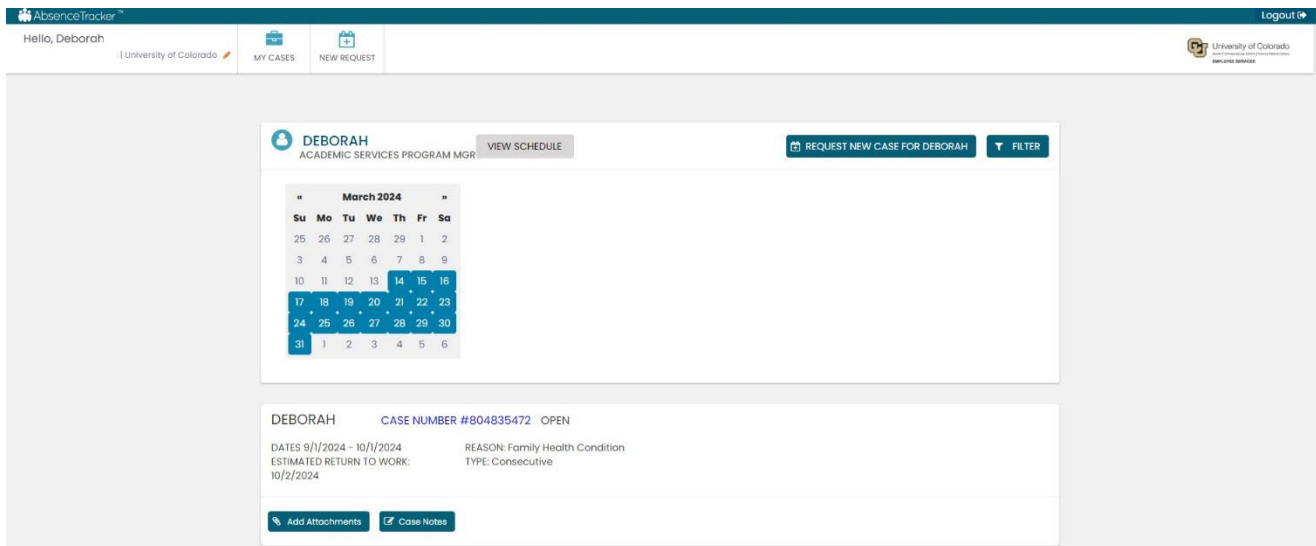
Once you have logged in, the dashboard will appear on the ESS home screen. It will look one of two ways:

Dashboard view – No Cases



The screenshot shows the AbsenceTracker dashboard for Deborah, an Academic Services Program Manager. The interface includes a header with the user's name, university logo, and navigation links for 'MY CASES' and 'NEW REQUEST'. A 'Logout' link is in the top right. The main content area displays the user's name and title, a 'VIEW SCHEDULE' button, and a 'REQUEST NEW CASE FOR DEBORAH' button with a 'FILTER' dropdown. Below this is a calendar for March 2024. The calendar shows dates from 25 to 31, with no cases indicated. At the bottom, a message states 'No More Cases Found'.

Dashboard view – Open Case



The screenshot shows the AbsenceTracker dashboard for Deborah, an Academic Services Program Manager, with an open case. The interface is similar to the previous view, but the calendar for March 2024 shows a highlighted period from March 17 to March 23. Below the calendar, the case details are displayed: 'DEBORAH CASE NUMBER #804835472 OPEN'. The dates are listed as 'DATES 9/1/2024 - 10/1/2024' and 'ESTIMATED RETURN TO WORK: 10/2/2024'. The reason for the case is 'REASON: Family Health Condition' and the type is 'TYPE: Consecutive'. At the bottom, there are buttons for 'Add Attachments' and 'Case Notes'.

Determining your Leave Type (Consecutive, Intermittent or Reduced Schedule)

Leave can be taken in three different schedule formats: 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 1st – April 11th 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** your leave type from the following list:

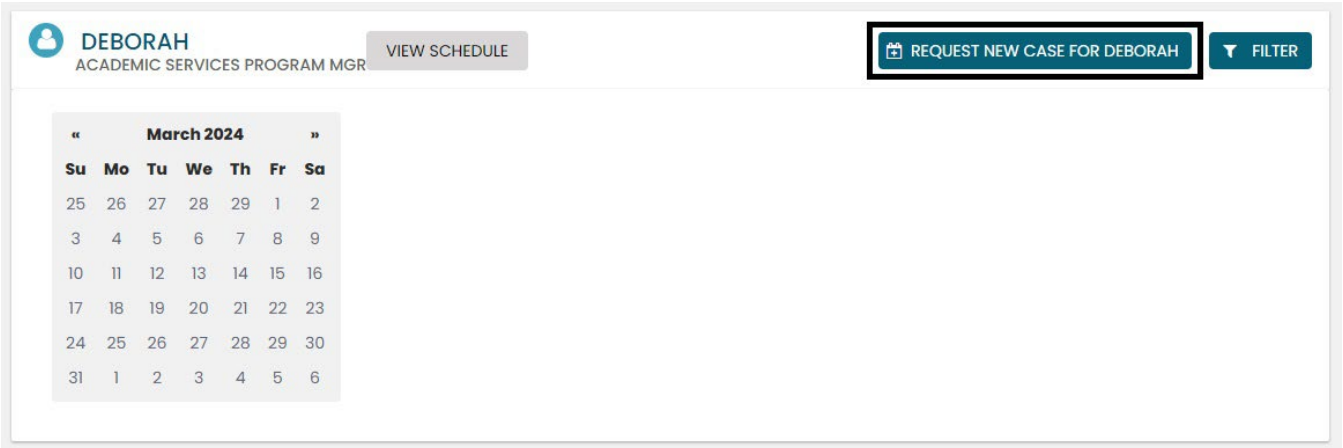
- [Apply and Manage Your Consecutive Leave of Absence](#)
- [Apply and Manage Your Intermittent Leave of Absence](#)
- [Apply and Manage Your Reduced Schedule Leave of Absence](#)

Apply for and Manage Your Consecutive Leave of Absence

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. If you are unsure of your leave type please review [How to Determine Your Leave Type](#) before proceeding.

Applying for Consecutive Leave of Absence

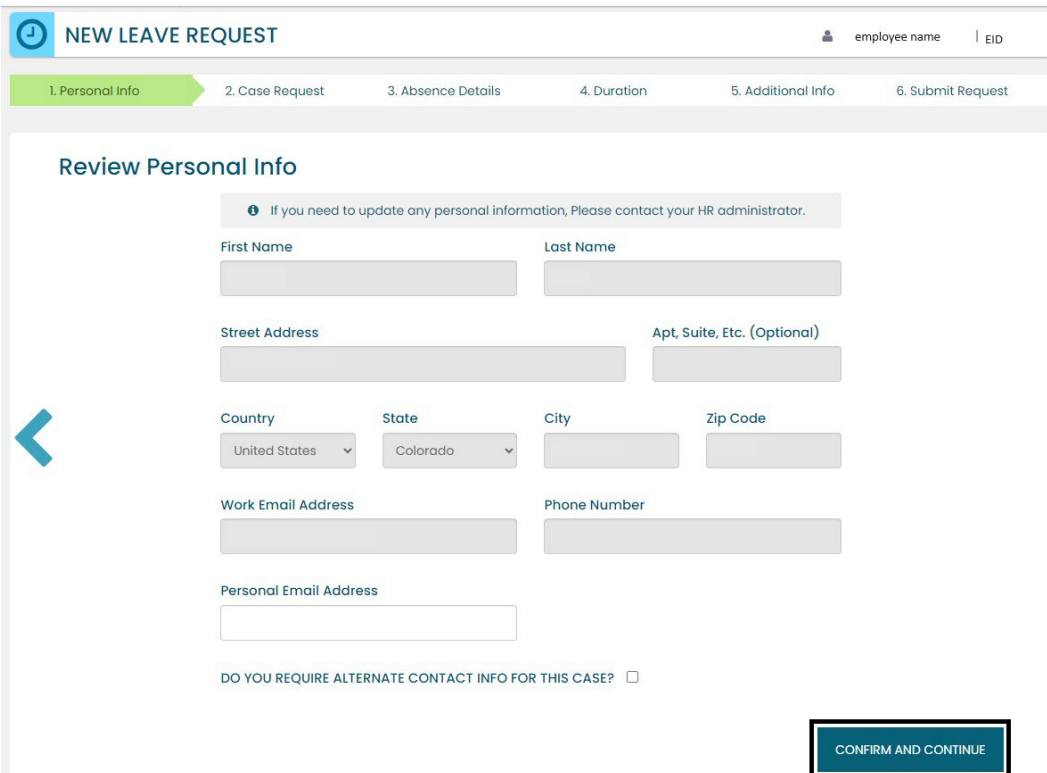
1. Select Request New Case.



The screenshot shows the ESS portal interface for Deborah, an Academic Services Program Manager. At the top, there is a user profile section with a 'VIEW SCHEDULE' button. To the right, a button labeled 'REQUEST NEW CASE FOR DEBORAH' is highlighted with a red rectangular box. Further right is a 'FILTER' button. Below the header, a calendar for March 2024 is displayed, showing dates from 1 to 31.

Personal Information

1. **Review** your personal information for accuracy. If you need to update any personal information on this screen, **contact** your department HR representative. Personal information cannot be edited in the ESS portal.



The screenshot shows the 'NEW LEAVE REQUEST' form. The first step, '1. Personal Info', is highlighted in green. The form title is 'Review Personal Info'. A message states: 'If you need to update any personal information, Please contact your HR administrator.' The form contains several input fields: First Name, Last Name, Street Address, Apt. Suite, Etc. (Optional), Country (dropdown menu showing 'United States'), State (dropdown menu showing 'Colorado'), City, Zip Code, Work Email Address, Phone Number, and Personal Email Address. At the bottom, there is a checkbox labeled 'DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?' which is currently unchecked. A blue arrow points left on the left side of the form. A button labeled 'CONFIRM AND CONTINUE' is highlighted with a red rectangular box at the bottom right.

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

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE? ☒

Enter Alternate Contact Info

This information applies to this case only

Personal Email Address

Phone Number

Street Address

Apt, Suite, Etc. (Optional)


Country

State

City

Zip Code

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


NEW LEAVE REQUEST
employee name | EID

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

Review Personal Info

i 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

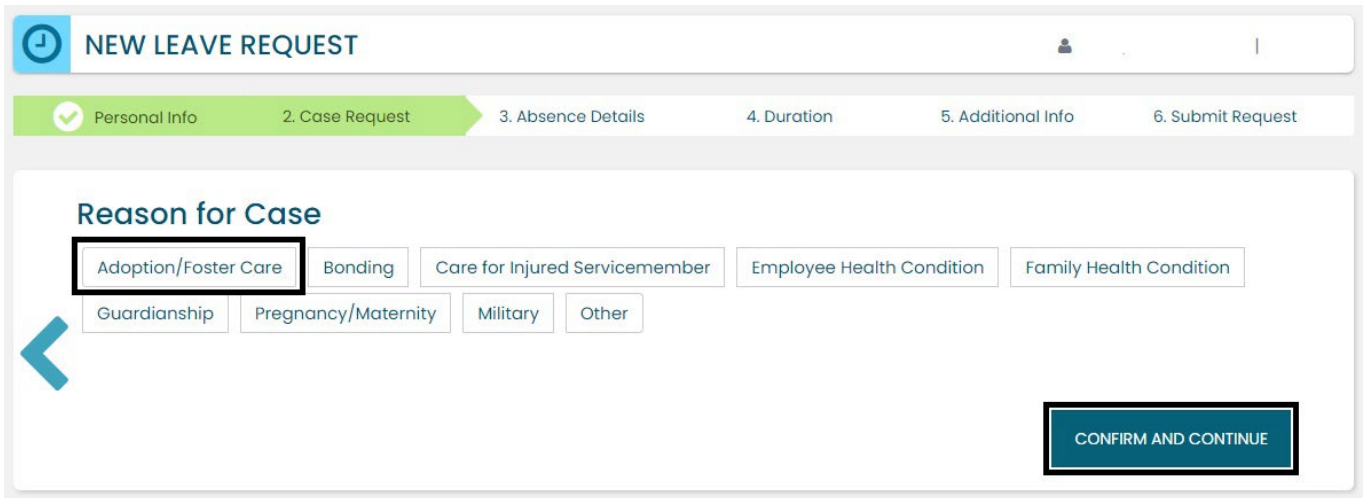
Personal Email Address

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 your case may appear after you select your case reason.



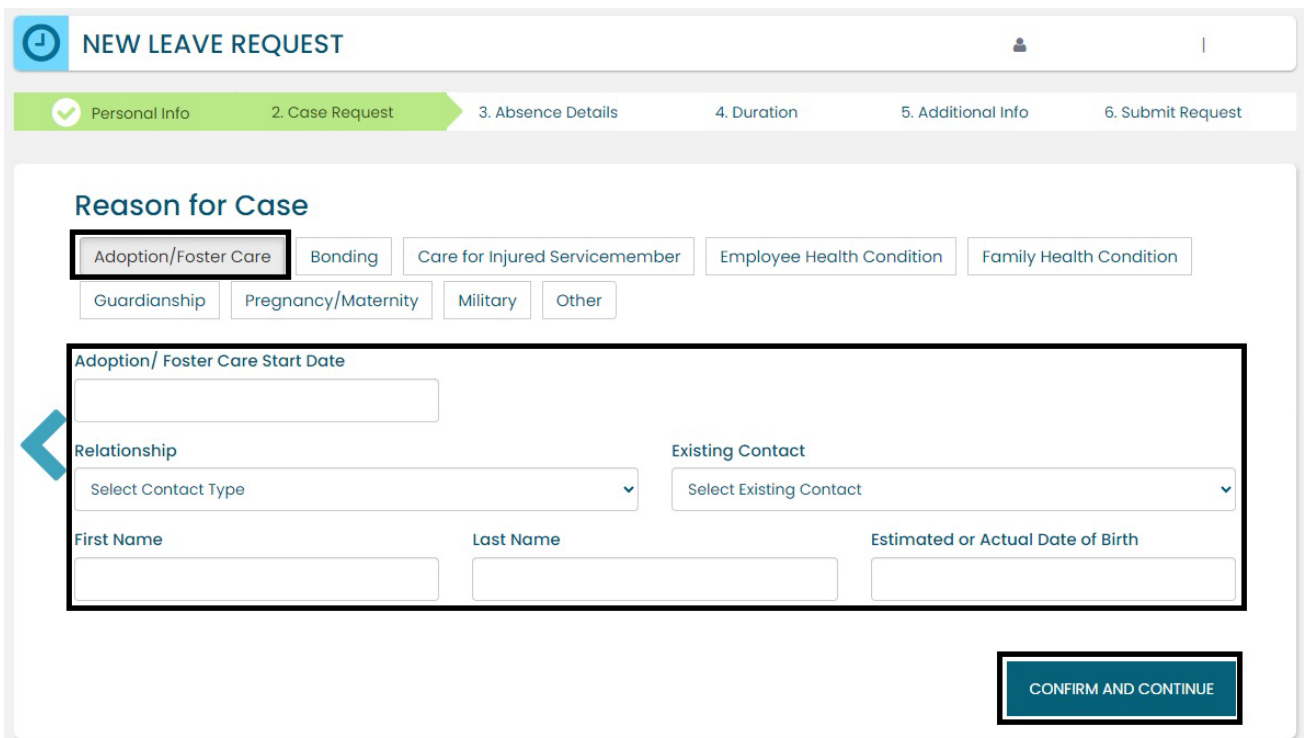
NEW LEAVE REQUEST

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

Reason for Case

CONFIRM AND CONTINUE

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



NEW LEAVE REQUEST

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

Reason for Case

Adoption/ Foster Care Start Date

Relationship

Select Contact Type

Existing Contact

Select Existing Contact

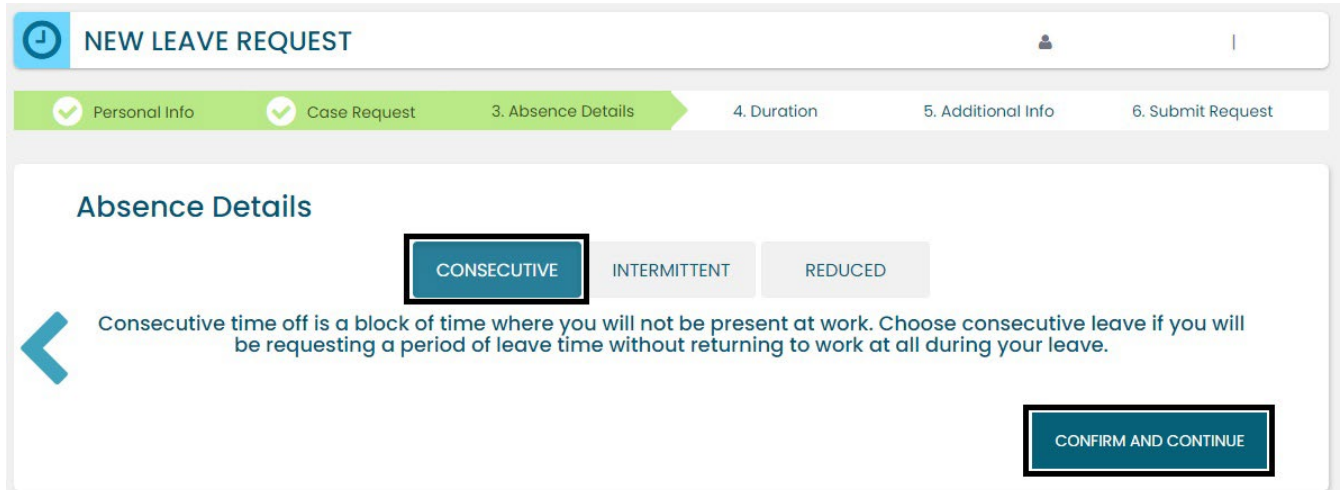
First Name
Last Name
Estimated or Actual Date of Birth

CONFIRM AND CONTINUE

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

Absence Details

1. **Select *Consecutive*** from the *Absence Details*. If you are unsure of your leave type navigate to [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

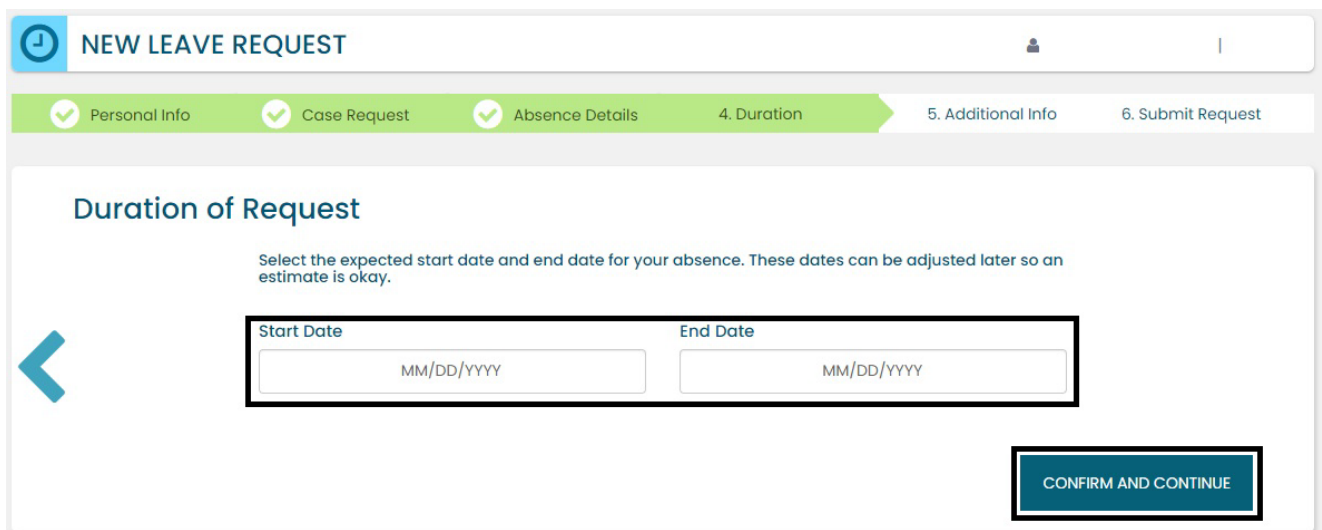
CONSECUTIVE INTERMITTENT REDUCED

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 you are unsure about the start and end dates of your leave of absence request, please give us your best estimate. Your Case Manager can update the leave dates when we receive your required documentation or if your needs change.
3. **Select *Confirm and Continue***.



NEW LEAVE REQUEST

Personal Info Case Request Absence Details **Duration** Additional Info Submit Request

Duration of Request

Select the expected start date and end date for your absence. These dates can be adjusted later so an estimate is okay.

Start Date End Date

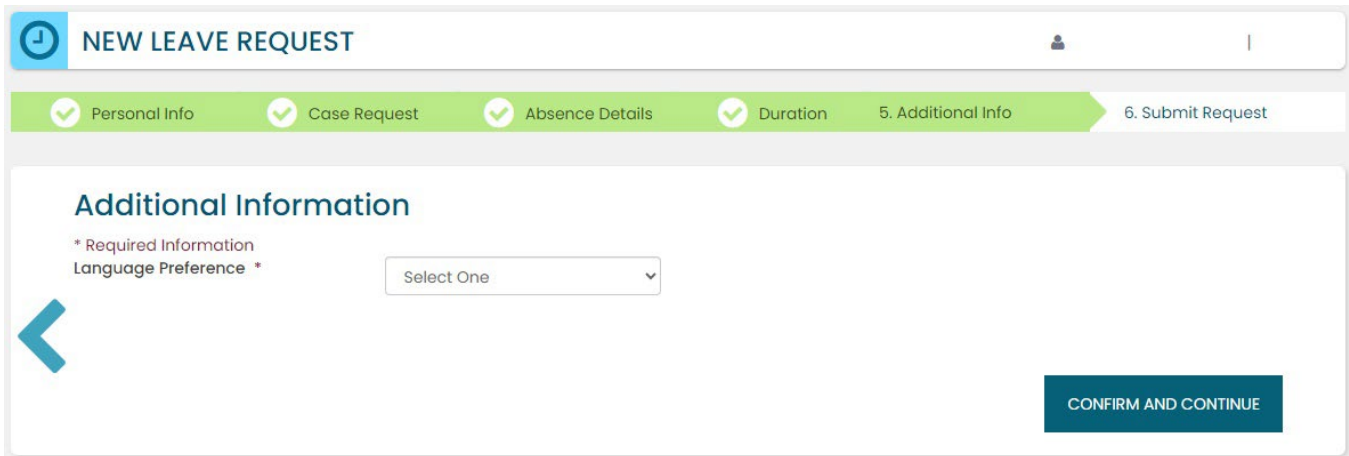
MM/DD/YYYY MM/DD/YYYY

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.

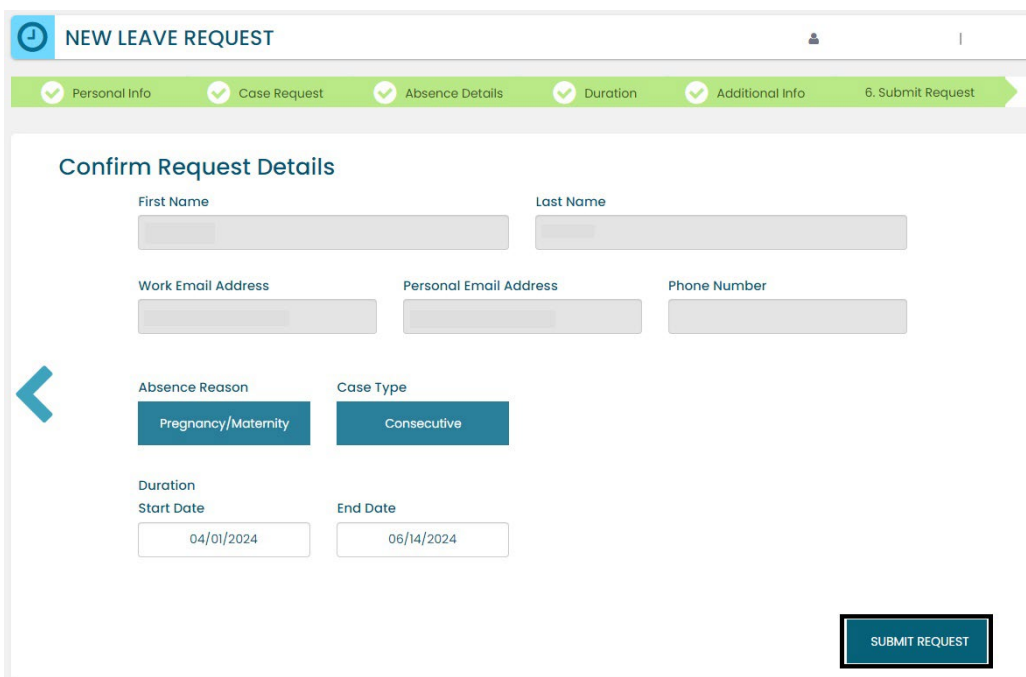


The screenshot shows the 'NEW LEAVE REQUEST' form at step 5, 'Additional Info'. The progress bar at the top indicates steps 1 through 4 are complete, and step 6, 'Submit Request', is the next step. The main content area is titled 'Additional Information' and includes a red asterisk indicating required information. There is a label 'Language Preference *' and a dropdown menu currently set to 'Select One'. A large 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.

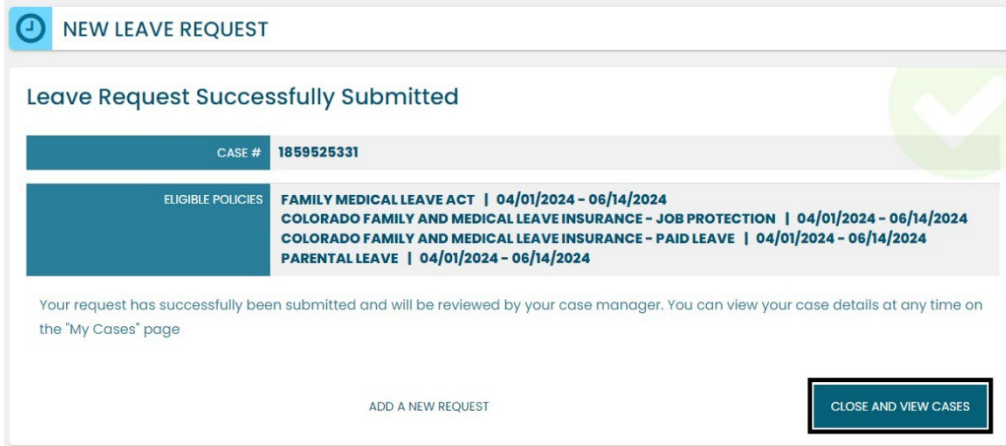
Submit Request

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*.



The screenshot shows the 'NEW LEAVE REQUEST' form at step 6, 'Confirm Request Details'. The progress bar at the top indicates steps 1 through 5 are complete, and step 6 is the current step. The main content area is titled 'Confirm Request Details' and contains several input fields and buttons. There is a large blue back arrow on the left and a 'SUBMIT REQUEST' button on the right. The fields include: First Name, Last Name, Work Email Address, Personal Email Address, Phone Number, Absence Reason (with 'Pregnancy/Maternity' selected), Case Type (with 'Consecutive' selected), Duration Start Date (04/01/2024), and End Date (06/14/2024).

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

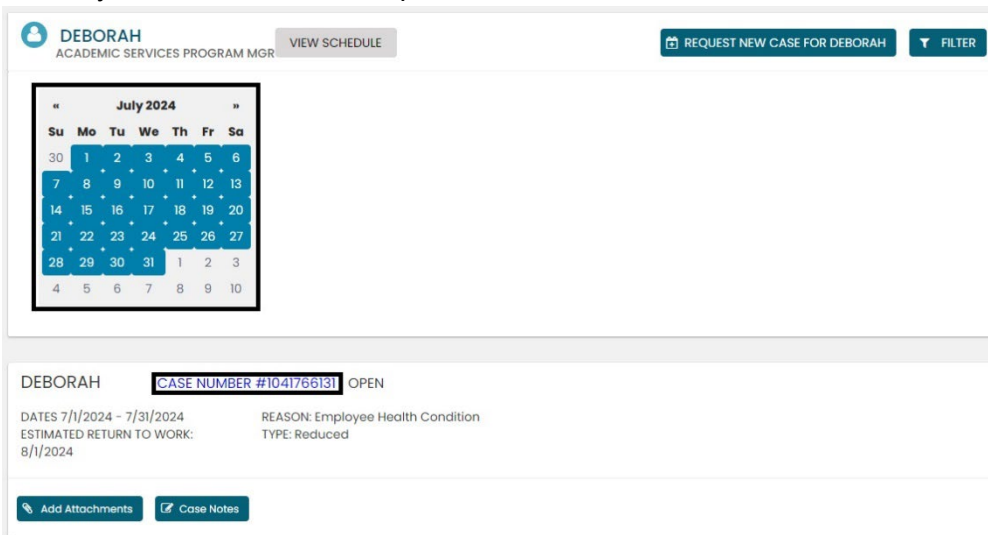
CLOSE AND VIEW CASES

NOTE: Confirmation emails are not automatically sent. 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 Consecutive Leave Case

Once you have a case populated on the home screen you will be able to access it on the *Employee Dashboard*. To navigate to the Dashboard:

1. **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.
2. **Select** your *Case Number* to open and review.



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

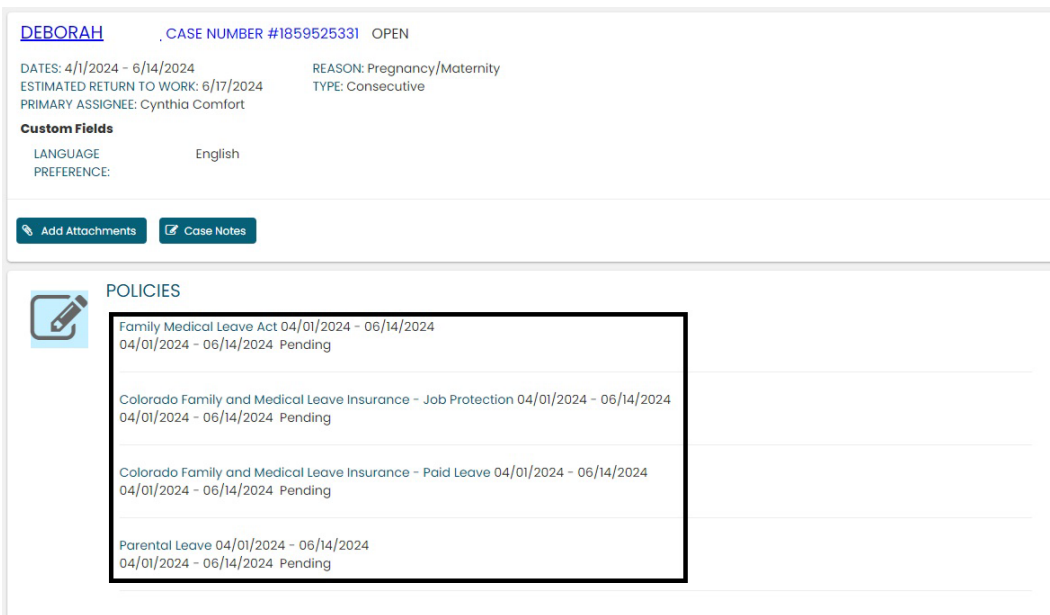
CASE NUMBER #1041766131 OPEN

DATES: 7/1/2024 - 7/31/2024
ESTIMATED RETURN TO WORK: 8/1/2024

REASON: Employee Health Condition
TYPE: Reduced

Add Attachments Case Notes

3. **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 Consecutive Leave Case


Once your consecutive leave case is approved, its status will update in ESS, and you will receive an approval email from your Case Manager.

1. **Select My Cases** to navigate to your *Dashboard*.

NOTE: Your calendar will change based on the case status. **Select** the calendar arrows to navigate to the month your requested leave begins. Blue boxes on the calendar represent pending requests. The dates you requested for leave will be blue if pending, green if approved, orange if only some policies apply, and red if denied.

In this example the dashboard reflects an approved case. You will now see green calendar dates to reflect your approved consecutive leave dates.

2. **Select** the *Case Number* to review case details. You will see that pending will have turned to approved or denied based on the determination made by your Case Manager after reviewing your supporting documents.
3. If you need to **Change** or update your consecutive leave case dates, please contact your Case Manager. You are not able to change your consecutive leave case dates in ESS.


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

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.

ALEXANDRA
CASE NUMBER #1953630582 OPEN

DATES: 4/9/2024 – 9/9/2024

ESTIMATED RETURN TO WORK: 9/10/2024

PRIMARY ASSIGNEE: Cynthia

REASON: Pregnancy/Maternity

TYPE: Consecutive

Custom Fields


LANGUAGE

PREFERENCE:

English

Add Attachments

Case Notes


POLICIES

Family Medical Leave Act 04/09/2024 – 09/09/2024
04/09/2024 – 07/01/2024 Approved
07/02/2024 – 09/09/2024 Denied : Exhausted

Colorado Family and Medical Leave Insurance – Job Protection 04/09/2024 – 09/09/2024
04/09/2024 – 07/01/2024 Approved
07/02/2024 – 09/09/2024 Denied : Exhausted

Colorado Family and Medical Leave Insurance – Paid Leave 04/09/2024 – 09/09/2024
04/09/2024 – 07/01/2024 Approved
07/02/2024 – 09/09/2024 Denied : Exhausted

Parental Leave 04/09/2024 – 09/09/2024
04/09/2024 – 07/01/2024 Approved
07/02/2024 – 09/09/2024 Pending

Leave Reporting Instructions

- The Leave Team will track your consecutive leave usage according to your approved designation notice. Your requested and/or approved consecutive leave dates can be reviewed in the self-service portal at any time. If you need to change your continuous leave dates, please contact your case manager at leave@cu.edu.
- You are required to report your FAMLII supplemental leave, regular work time and personal leave via your regular reporting method. Please work with your supervisor and/or department HR contact should you 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:

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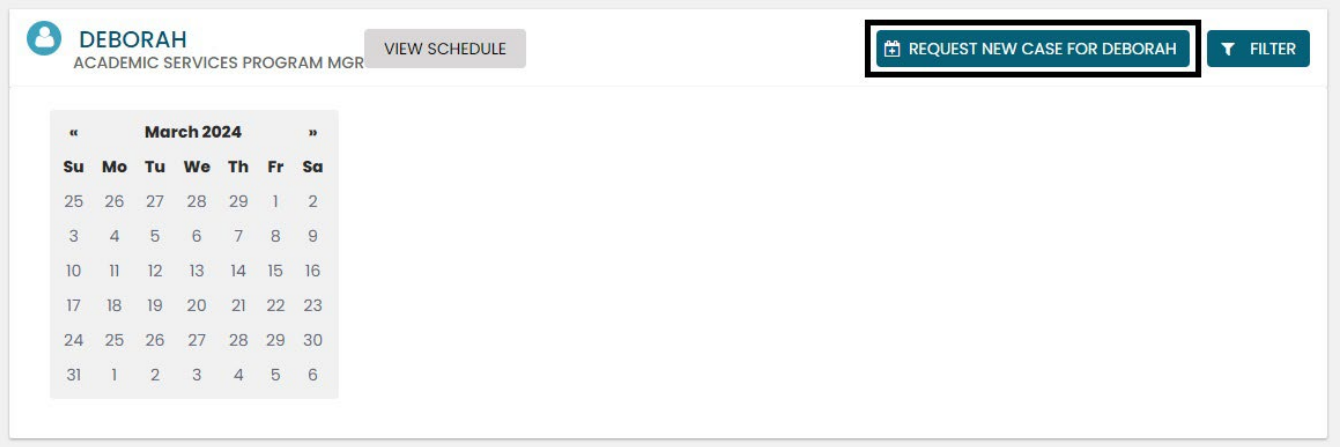
[Resources](#)

Apply For and Manage Your Intermittent Leave of Absense

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. If you are unsure of your leave type please review [How to Determine Your Leave Type](#) before proceeding.

Applying for Intermittent Leave

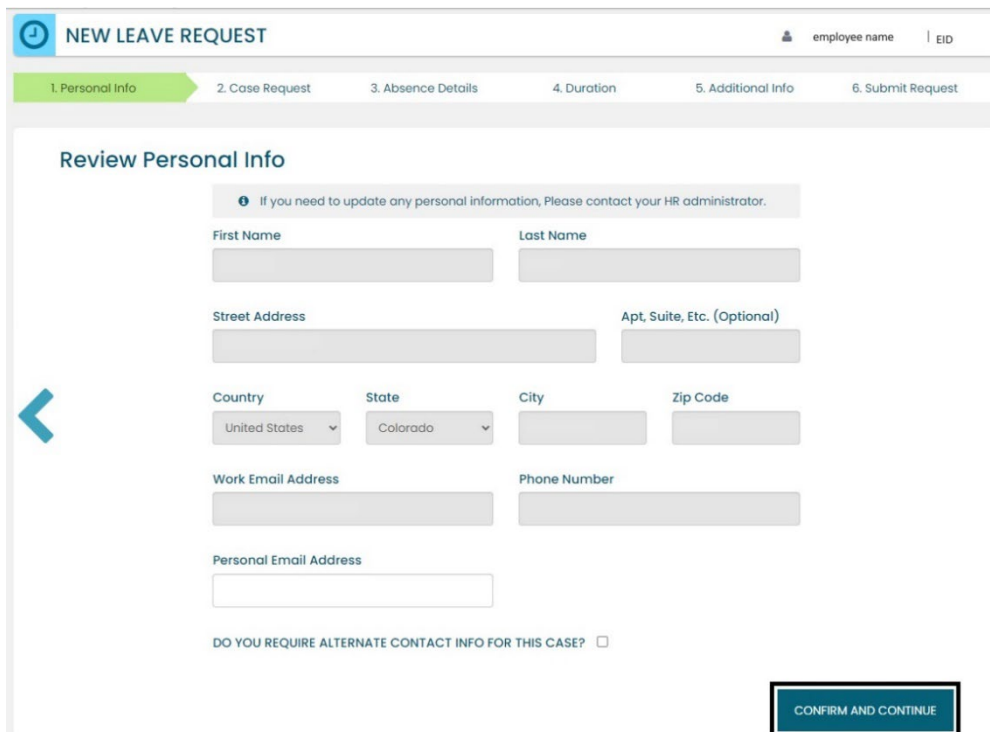
1. Select *Request New Case*.



The screenshot shows the ESS portal interface for a user named DEBORAH, ACADEMIC SERVICES PROGRAM MGR. A button labeled 'REQUEST NEW CASE FOR DEBORAH' is highlighted with a red box. Other visible elements include a 'VIEW SCHEDULE' button, a calendar for March 2024, and a 'FILTER' button.

Personal Information

1. **Review** your personal information for accuracy. If you need to update any personal information on this screen, **contact** your department HR representative. Personal information cannot be edited in the ESS portal.



The screenshot shows the 'NEW LEAVE REQUEST' form with the 'Review Personal Info' section active. The form includes fields for First Name, Last Name, Street Address, Apt. Suite, Etc. (Optional), Country (United States), State (Colorado), City, Zip Code, Work Email Address, Phone Number, and Personal Email Address. A note states: 'If you need to update any personal information, Please contact your HR administrator.' A 'CONFIRM AND CONTINUE' button is at the bottom right.

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

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

First Name

Last Name

Street Address

Apt, Suite, Etc. (Optional)

Country

State

City

Zip Code

Work Email Address

Phone Number

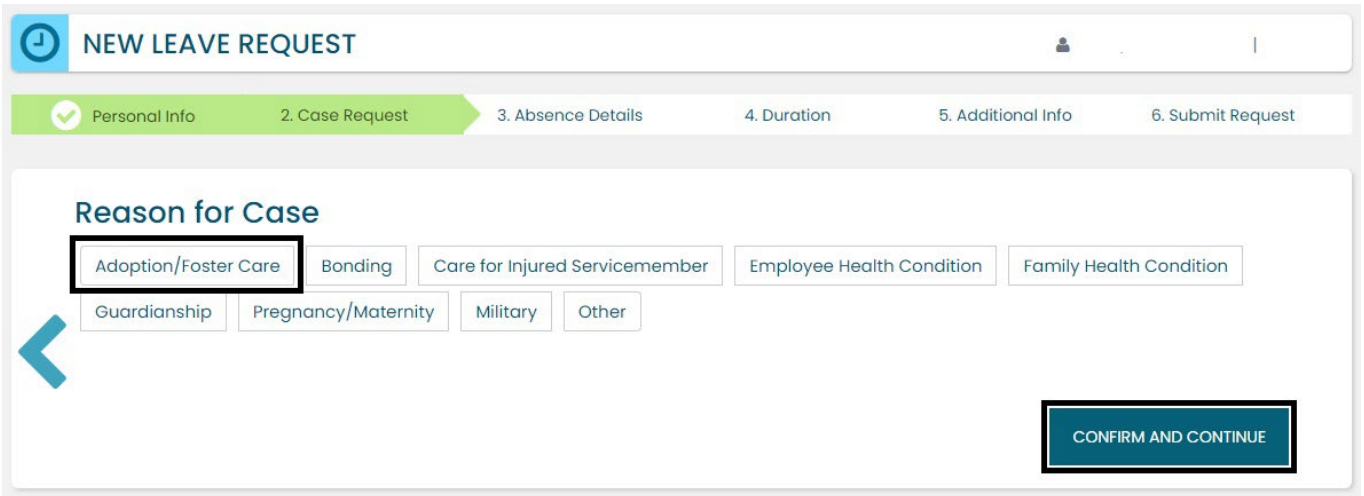
Personal Email Address

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE? ☐

CONFIRM AND CONTINUE

Reason for Case

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



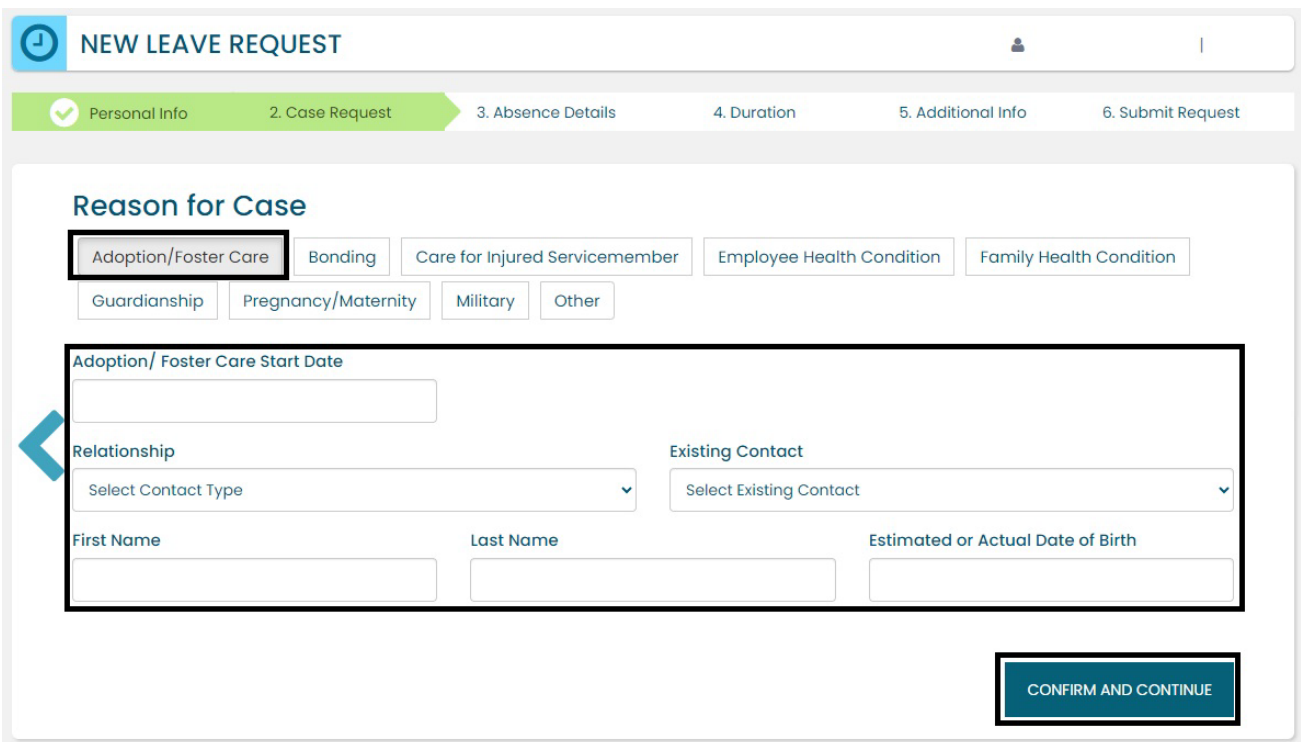
NEW LEAVE REQUEST

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

Reason for Case

CONFIRM AND CONTINUE

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



NEW LEAVE REQUEST

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

Reason for Case

Adoption/ Foster Care Start Date

Relationship

Select Contact Type

Existing Contact

Select Existing Contact

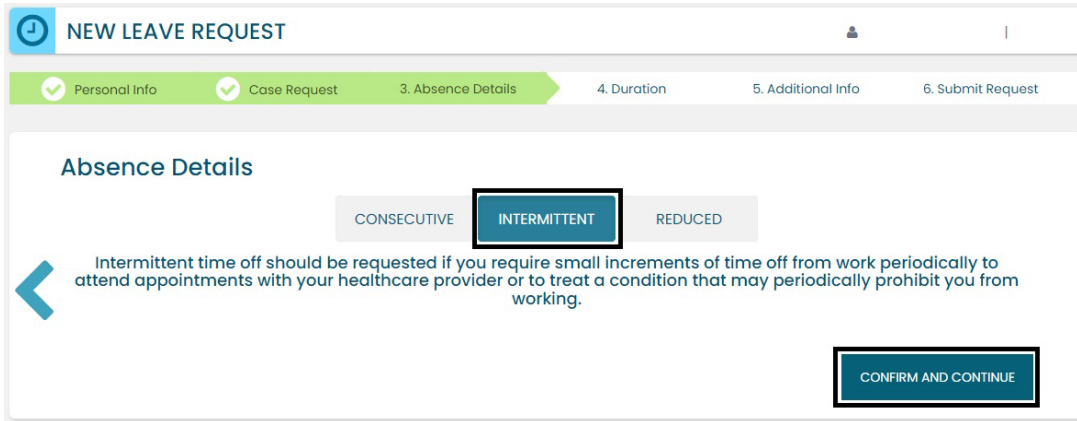
First Name **Last Name** **Estimated or Actual Date of Birth**

CONFIRM AND CONTINUE

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

Absence Details

1. **Select** 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.

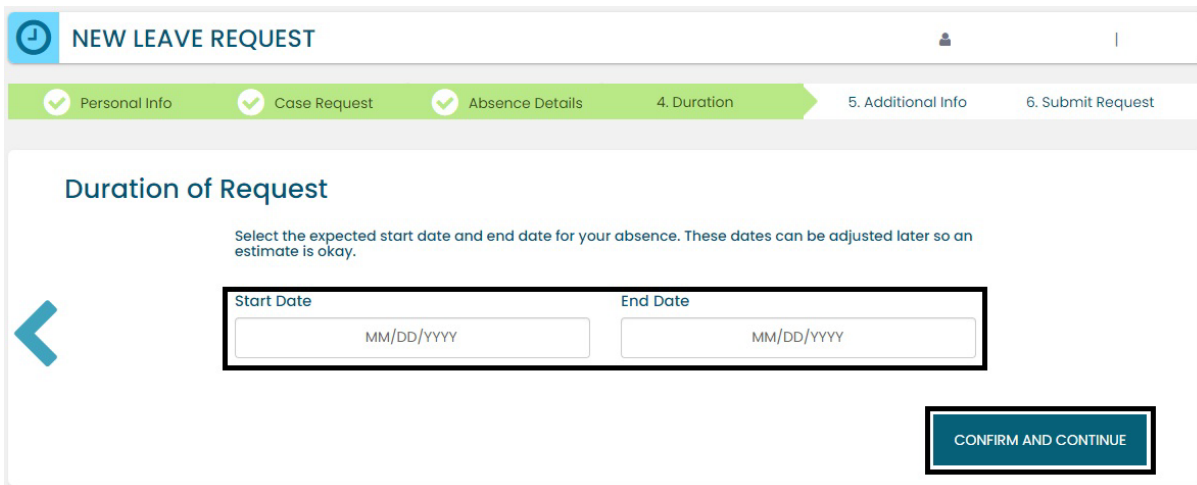
CONFIRM AND CONTINUE

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 your intermittent leave request, please give us your best estimate. Your Case Manager can update the leave dates when we receive your required documentation or if your needs change.

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



NEW LEAVE REQUEST

Personal Info Case Request Absence Details **Duration** Additional Info Submit Request

Duration of Request

Select the expected start date and end date for your absence. These dates can be adjusted later so an estimate is okay.

Start Date End Date

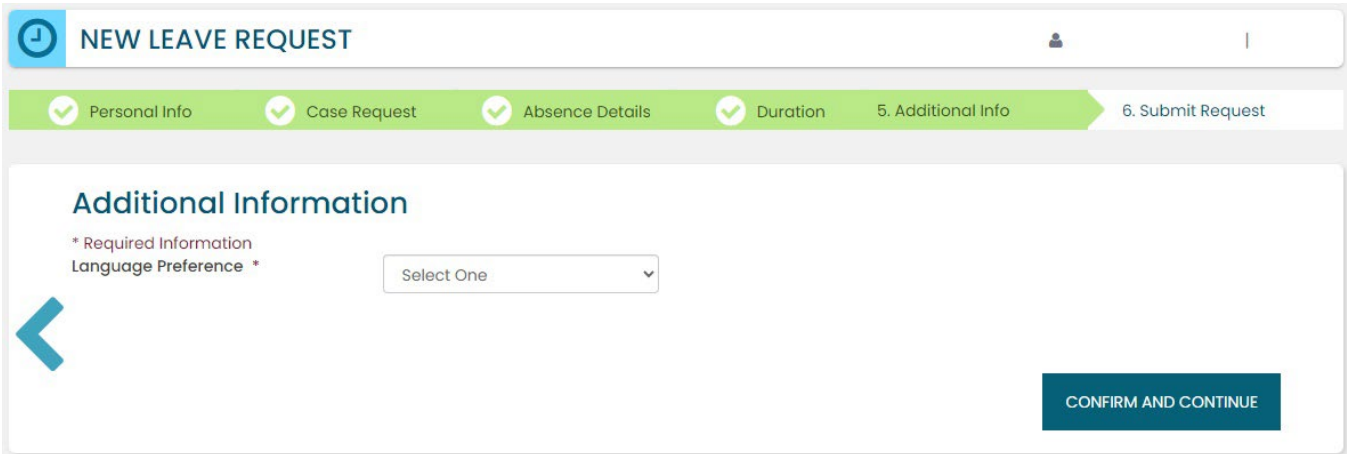
MM/DD/YYYY MM/DD/YYYY

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.

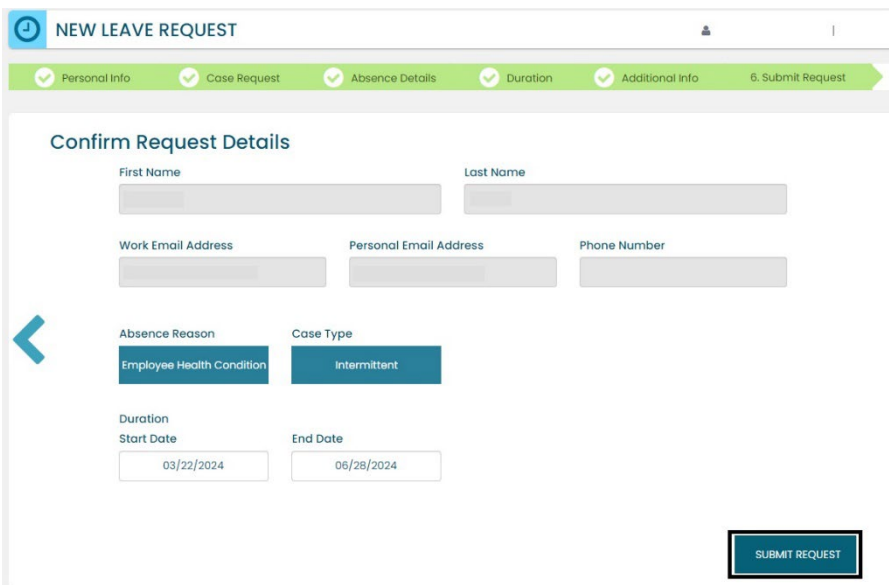


The screenshot shows the 'NEW LEAVE REQUEST' form at step 5, 'Additional Information'. The progress bar at the top indicates steps 1 through 6, with step 5 currently active. The main heading is 'Additional Information'. Below it, there is a red asterisk indicating required information. The label 'Language Preference *' is followed by a dropdown menu with 'Select One' as the placeholder text. A large blue back arrow is on the left, and a 'CONFIRM AND CONTINUE' button is on the right.

3. **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.


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*.



The screenshot shows the 'NEW LEAVE REQUEST' form at step 6, 'Confirm Request Details'. The progress bar at the top indicates steps 1 through 6, with step 6 currently active. The main heading is 'Confirm Request Details'. The form contains several input fields: 'First Name', 'Last Name', 'Work Email Address', 'Personal Email Address', and 'Phone Number'. Below these are two buttons for 'Absence Reason': 'Employee Health Condition' and 'Intermittent'. At the bottom, there are two date pickers for 'Duration': 'Start Date' (03/22/2024) and 'End Date' (06/28/2024). A large blue back arrow is on the left, and a 'SUBMIT REQUEST' button is on the right.

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

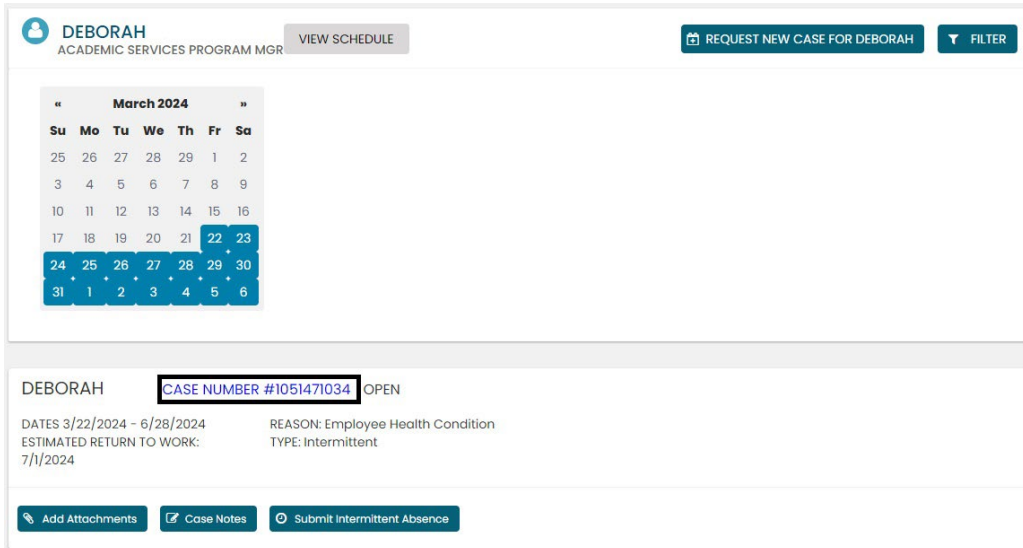
[ADD A NEW REQUEST](#) [CLOSE AND VIEW CASES](#)

NOTE: Confirmation emails are not automatically sent. 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 Intermittent Leave Case Request

Once you have a case populated on the home screen you will be able to access it on the *Employee Dashboard*.

1. **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.
2. **Select** your *Case Number* to open and review.



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

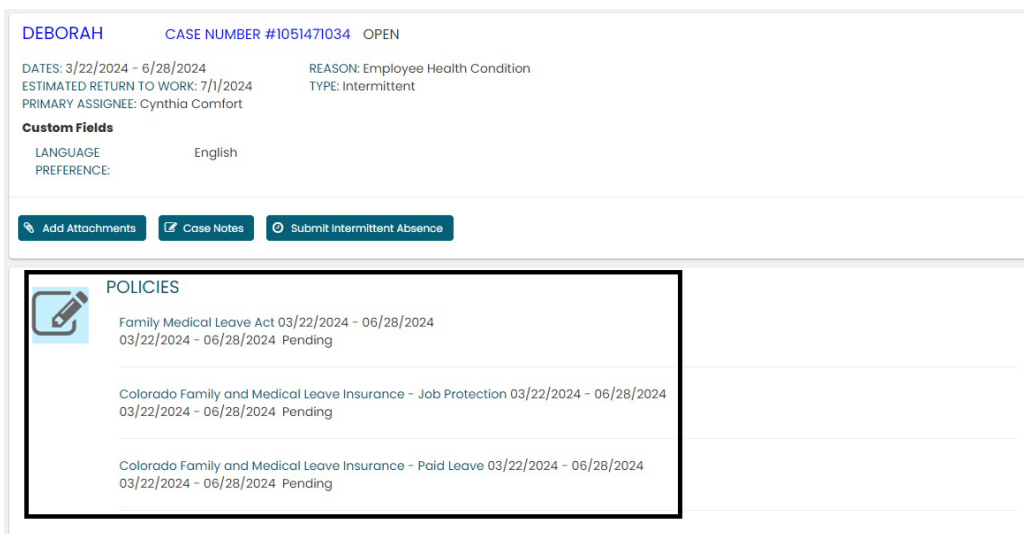
DEBORAH **CASE NUMBER #1051471034** OPEN

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

3. **Review** eligible policies. They will remain in 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 #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


Approved Intermittent Leave Case

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

1. **Select My Cases** to navigate to your *Dashboard*.

NOTE: Your calendar will change based on the case status. The dates you requested for leave will be blue if pending, green if approved, and red if denied. **Select** the calendar arrows to navigate to the month of requested leave.

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

2. **Select the Case Number** to review case details. You will see that pending will have turned to approved or denied based on the determination made by your Case Manager after reviewing your supporting documents.


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, you are required to submit leave on a monthly basis using the self-service portal to help ensure accurate tracking and pay. If you are unable to do so, your supervisor/manager or HR contact can do so on your behalf.

FAMLI Supplemental Leave, Regular Work time and Personal Leave

- Report your FAMLI supplemental leave, regular work time and any personal leave via your regular reporting method. Please work with your supervisor and/or department HR contact should you need assistance with this process.

Exception: 9-month Contract Faculty do not need to submit time through any other reporting mechanism.

- Do not report any personal leave or regular work time in the self-service portal.

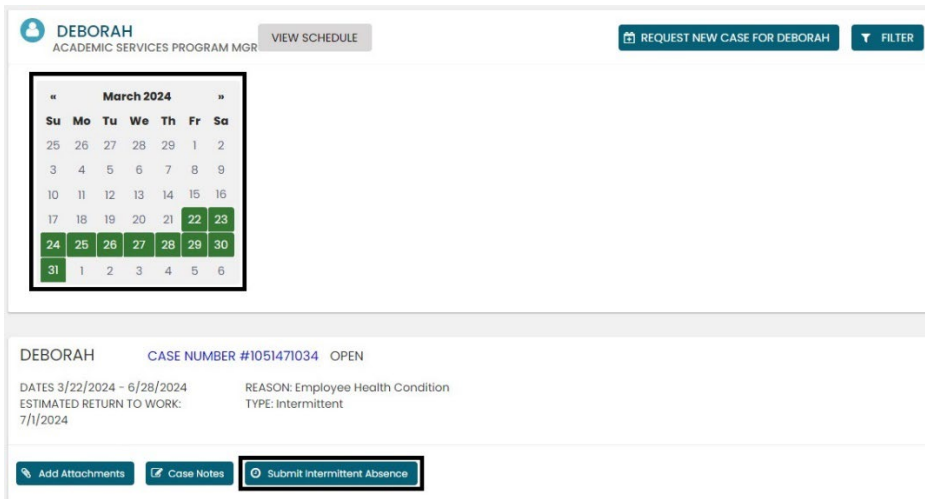
Leave Reporting

- You will 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 know 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 you do not take any leave in a given month, there is no need to take action.

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

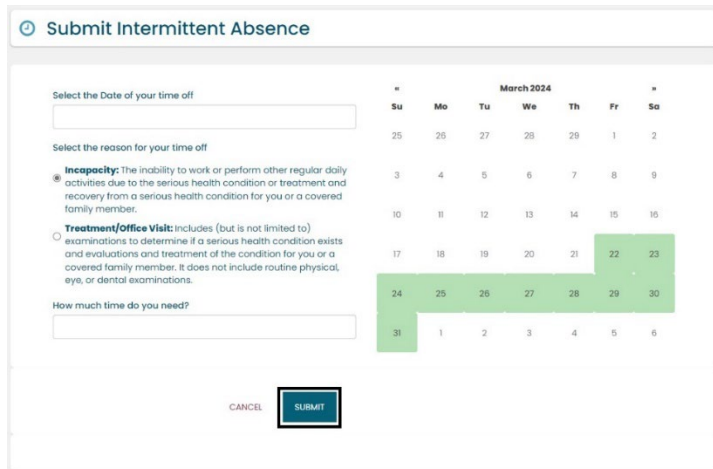


The screenshot shows the ESS portal interface for a user named DEBORAH. At the top, there's a header with the user's name, a 'VIEW SCHEDULE' button, and a 'REQUEST NEW CASE FOR DEBORAH' button. Below this is a calendar for March 2024. The calendar shows dates from 25 to 31. The dates 22, 23, 24, 25, 26, 27, 28, 29, and 30 are highlighted in green, indicating leave usage. Below the calendar, there's a section for the current case. It shows the user's name (DEBORAH), the case number (#1051471034), and the status (OPEN). The dates for the case are 3/22/2024 to 6/28/2024, and the estimated return to work is 7/1/2024. The reason for the 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'.

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

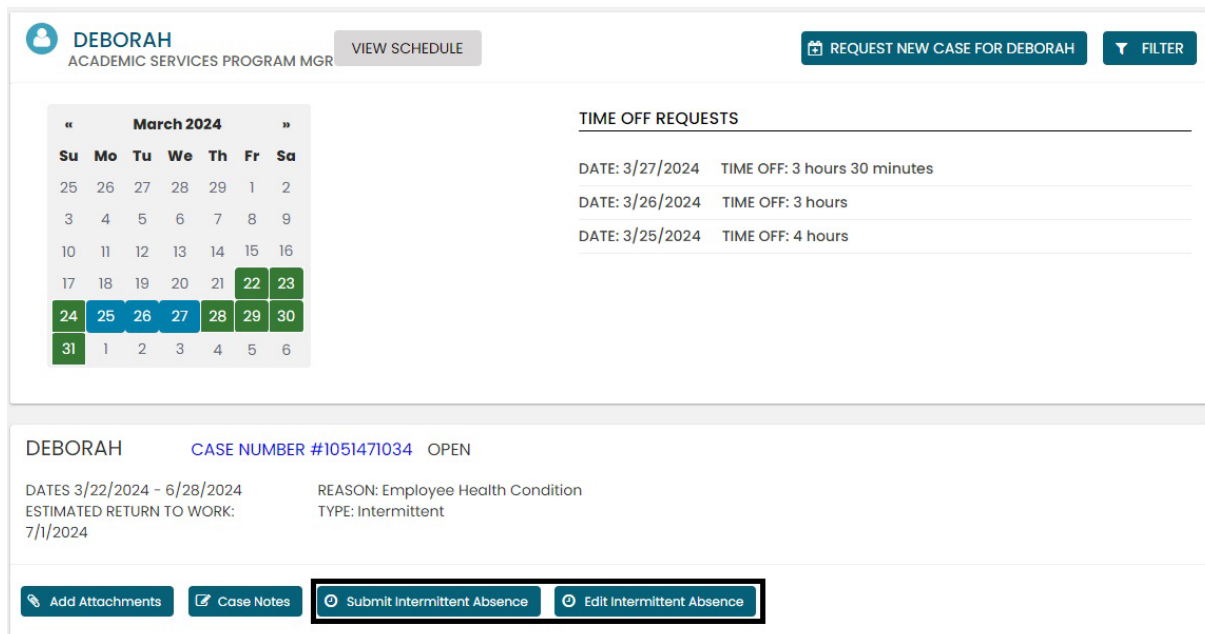
Example: 4h 0m or 2h 30m

5. **Select Submit.**



Your dashboard will now reflect the days you have entered.

6. **Review** the time you have entered.
7. Each intermittent leave request must be approved by your Case Manager to ensure it falls within your approved leave schedule and will remain in a pending status on your 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:

[Table of Contents](#)

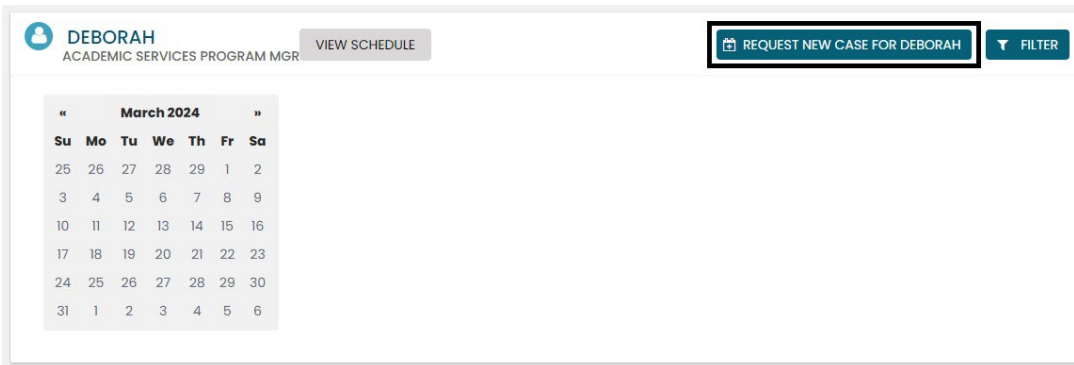
[Resources](#)

Apply For and Manage Your Reduced Schedule Leave of Absence

Reduced schedule leave 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. If you are unsure of your leave type please review [How to Determine Your Leave Type](#) before proceeding.

Applying for Reduced Schedule Leave

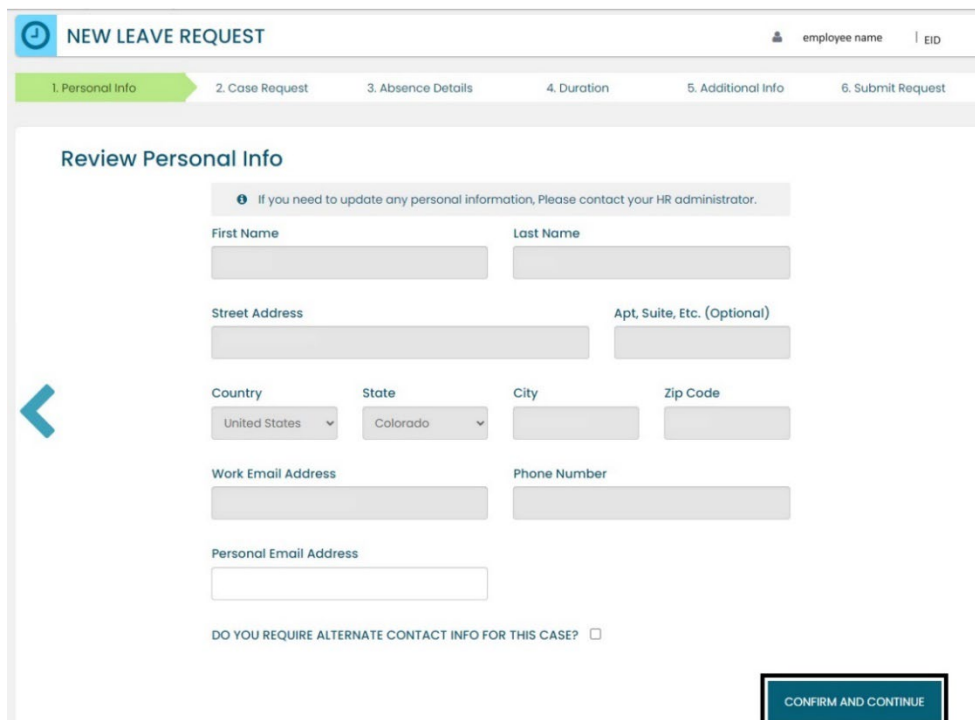
1. Select *Request New Case*.



The screenshot shows the ESS portal interface for a user named DEBORAH, an Academic Services Program Manager. A red box highlights the 'REQUEST NEW CASE FOR DEBORAH' button. To the left is a calendar for March 2024, and to the right is a 'VIEW SCHEDULE' button and a 'FILTER' button.

Personal Information

1. **Review** your personal information for accuracy. If you need to update any personal information on this screen, **contact** your department HR representative. Personal information cannot be edited in the ESS portal.



The screenshot shows the 'NEW LEAVE REQUEST' form, Step 1: Personal Info. The form includes a progress bar with six steps: 1. Personal Info (active), 2. Case Request, 3. Absence Details, 4. Duration, 5. Additional Info, and 6. Submit Request. The form fields are as follows:

- First Name** and **Last Name** (text input fields)
- Street Address** and **Apt, Suite, Etc. (Optional)** (text input fields)
- Country** (dropdown menu, currently set to United States)
- State** (dropdown menu, currently set to Colorado)
- City** and **Zip Code** (text input fields)
- Work Email Address** and **Phone Number** (text input fields)
- Personal Email Address** (text input field)
- DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE?** (checkbox, currently unchecked)

A red box highlights the 'CONFIRM AND CONTINUE' button at the bottom right of the form.

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

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

First Name
Last Name

Street Address
Apt, Suite, Etc. (Optional)

Country
State
City
Zip Code

Work Email Address
Phone Number

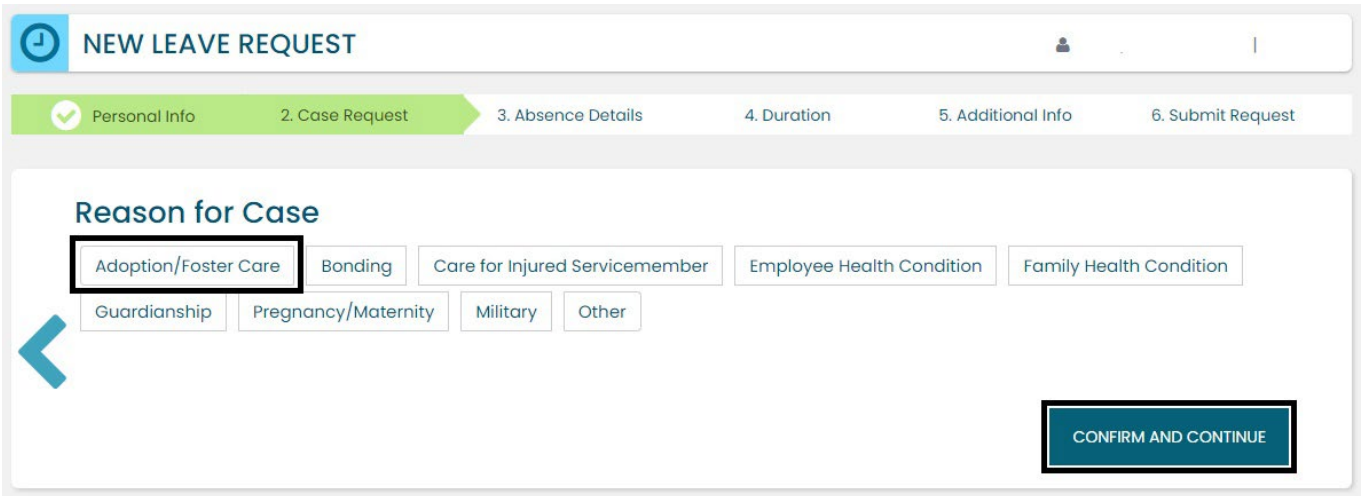
Personal Email Address

DO YOU REQUIRE ALTERNATE CONTACT INFO FOR THIS CASE? ☐

CONFIRM AND CONTINUE

Reason for Case

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



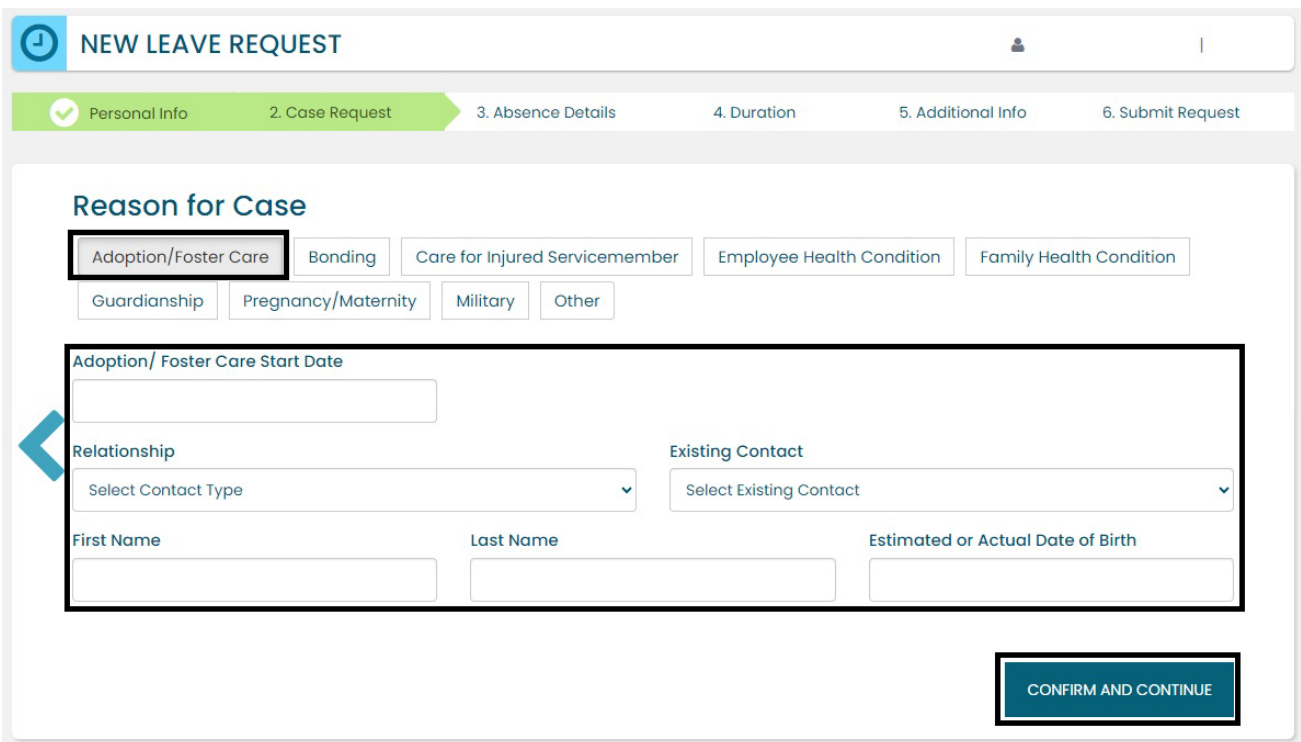
NEW LEAVE REQUEST

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

Reason for Case

CONFIRM AND CONTINUE

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



NEW LEAVE REQUEST

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

Reason for Case

Adoption/ Foster Care Start Date

Relationship

Select Contact Type
 Existing Contact
 Select Existing Contact

First Name
 Last Name
 Estimated or Actual Date of Birth

CONFIRM AND CONTINUE

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

Absence Details

1. **Select Reduced** from the *Absence Details*: If you are unsure of your 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 your 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. Your 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

Current Schedule

SUN

MON

TUE

WED

THU

FRI

SAT

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

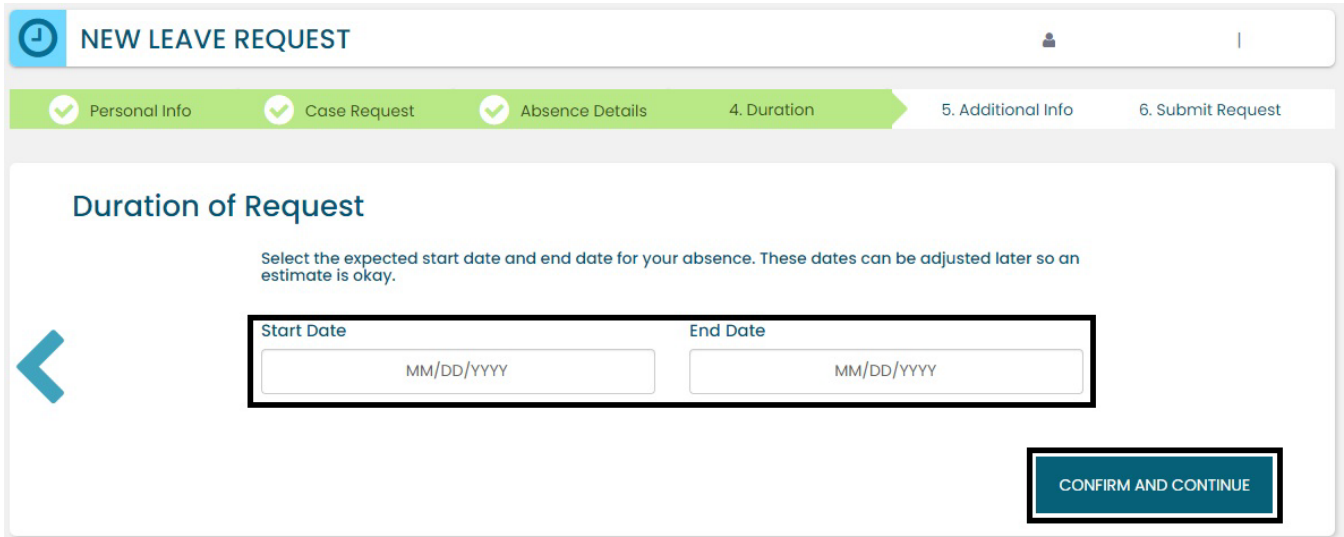
40h 0m

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 your leave of absence request, please give us your best estimate. Your Case Manager can update the leave dates when we receive your required documentation or if your needs change.
3. **Select** *Confirm and Continue*.

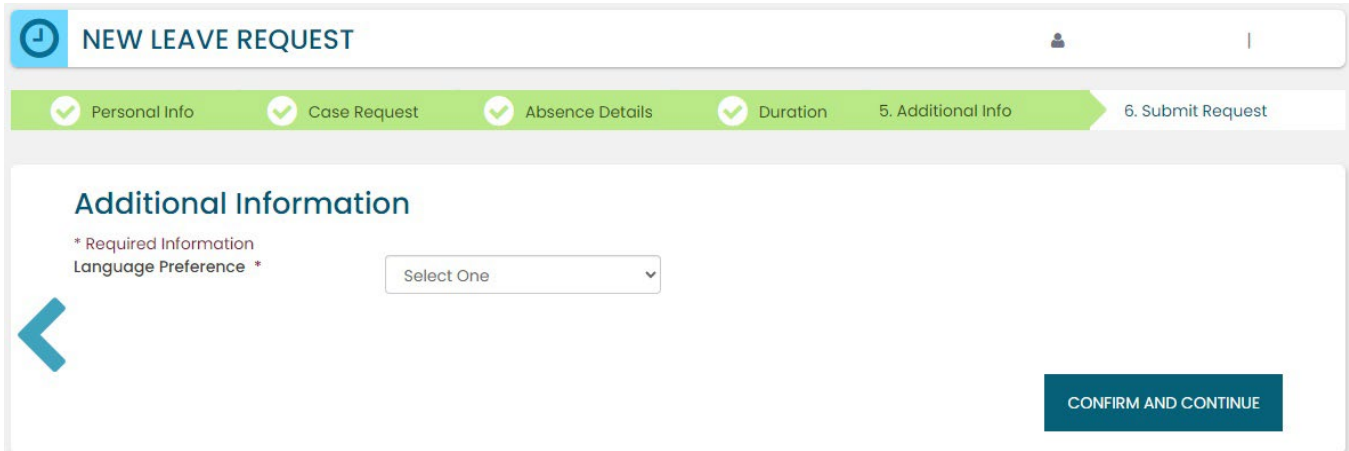


The screenshot shows the 'NEW LEAVE REQUEST' interface. The progress bar at the top indicates the current step is '4. Duration'. The main heading is 'Duration of Request'. Below the heading, there is a instruction: 'Select the expected start date and end date for your absence. These dates can be adjusted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

Additional Information

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

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

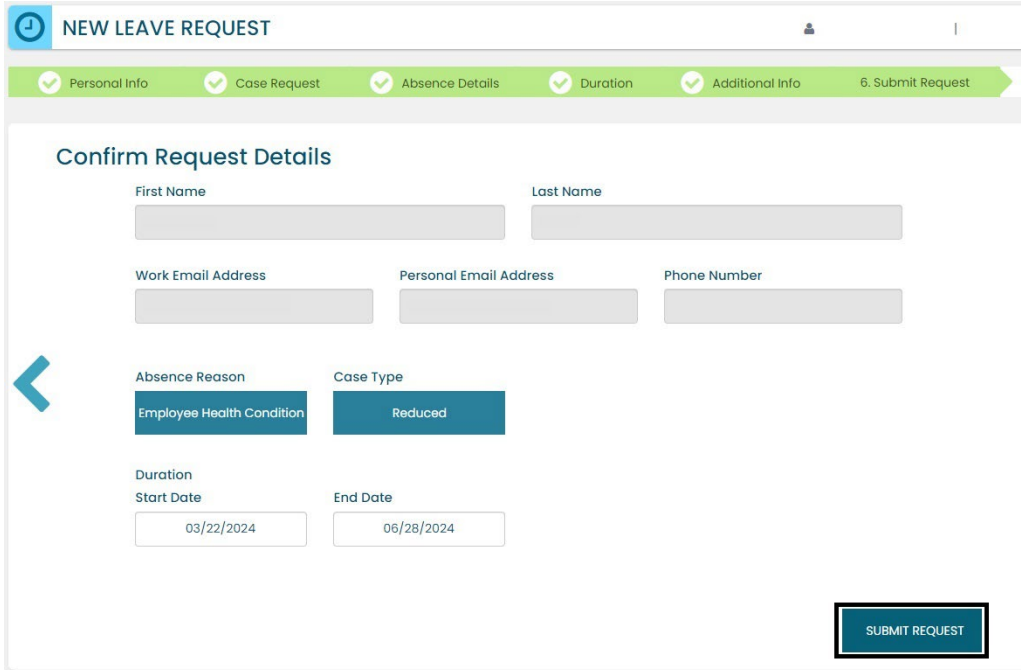


The screenshot shows the 'NEW LEAVE REQUEST' interface. The progress bar at the top indicates the current step is '5. Additional Info'. The main heading is 'Additional Information'. Below the heading, there is a label '* Required Information' and 'Language Preference *'. There is a dropdown menu with the text 'Select One'. A blue arrow on the left points back to the previous step. A 'CONFIRM AND CONTINUE' button is located at the bottom right.

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

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 Reduced


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 #	1049806309
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. 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 have a case populated on the home screen you will be able to access it on the *My Employee Dashboard*.

1. **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.
2. **Select** your *Case Number* to open and review.


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

3. **Review** eligible policies. They will remain in 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 your reduced schedule leave case is approved, its status will update in ESS.

1. **Select My Cases** to navigate to your *Dashboard*.

NOTE: Your calendar will change based on the case status. The dates you requested for leave will be blue if pending, green if approved, and red if denied.


DEBORAH
ACADEMIC SERVICES PROGRAM MGR

VIEW SCHEDULE

REQUEST NEW CASE FOR DEBORAH

FILTER

« 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 #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

2. **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 #1049806309
OPEN

DATES: 3/22/2024 – 6/28/2024
ESTIMATED RETURN TO WORK: 7/1/2024
PRIMARY ASSIGNEE: Cynthia Comfort

REASON: Employee Health Condition
TYPE: Reduced

Custom Fields
LANGUAGE: English
PREFERENCE:

Add Attachments
Case Notes


POLICIES

Family Medical Leave Act 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

- The Leave Team will track reduced schedule leave usage according to your approved designation notice. Requested and/or approved reduced schedule leave dates can be reviewed in the self-service portal at any time. If you need to change leave dates/schedule, please contact your case manager at leave@cu.edu.
- You are required to report your FAMLII supplemental leave, regular work time and personal leave via your regular reporting method. Please work with your supervisor and/or department HR contact should you 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:

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[Resources](#)

Resources

Employee Services Leave Program Contact Information

Website: www.cu.edu/famli

Email: leave@cu.edu

Additional Resources

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

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

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

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

Appendix A: Reason for Case Definitions

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

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

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

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

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

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