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How to request an extended abser	nce:									
This job aid outlines how an employee	can request an ex	tended absence (FMLA	A request).							
Navigation: Employee Self Service > T	ime and Absence	> Extended Absence R	equest							
Processing Steps	Screenshots	shots								
Step 1: On the Employee Self Service	UNIVERSITY OF SOUTH CAROLINA		▼ Employee	Self Service		🏠 🤉 🏲 🗄 🥑				
landing page, click the Time and		Time and Absence	Payroll	Personal Details	Talent Profile					
Absence tile.		~	Last Pay Date 04/30/2021	2	4					
		Benefit Details	USC Profile							



Step 2: Click the Extended Absence Request tile.	C Employee Self Service Time r C C Employee Self Service r C C C C C C C C C C C C C C C C C C
	Enter Time 07/16/21 - 07/31/21 Reported 12.00 Scheduled 82.50 Comp/Holiday Comp Time 11.50 Balance Hours Request Absence Absence Balances
	Time Summary 07/16/21 - 07/31/21ExceptionsView RequestsCancel AbsencesAnnual Leave Taken 12.00 HoursOIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	Payable Time Extended Absence Request Leave Transfer Last Pay Period 07/01/21 - 07/15/21 Total Hours 91.5 Hours Image: Comparison of the parison of t
Step 3: Click to the + Plus button to	C Time Extended Absence Request Ar 🕆 🗄 🖉
add an extended absence request.	Manage Extended Absence Job Title Info Sys/Business Analyst III Create and manage your extended absences here. You can create and submit the extended absence request for approval by entering Start Date, Expected End Date, Absence Take with the rest of the required information. If you are missing some information, save your request for later to manage your extended absences at a later time.

2



Step 4: Click the Absence Type drop- down arrow and select Family and Medical Leave Act.	Request Extended Absence Absence Type All *Absence Take *Absence Take	
Step 5: Click the Absence Take drop- down arrow and select FMLA .	C Time Request Extended Absence Absence Type Family and Medical Leave Act ▼ Absence Type Family and Medical Leave Act ▼ Launch *Absence Take FMLA ▼ FMLA ▼ FMLA Select Absence Name FMLA	
Step 6: Click the Launch button.	C Time Request Extended Absence Absence Type Family and Medical Leave Act *Absence Take FMLA	Ch .



Step 1 of 4/General Information - read the important Information regarding the Family and Medical Leave Act, including the UofSC FMLA policy.

Step 7: Click the **hyperlink** for the appropriate Form you may need for this request. Hyperlinks open in a new window tab.

Be sure to download the form, complete it, and then upload to this request when appropriate.

Step 8: Click the **Next** button to enter the absence details.

Ceneral Information Important Information Regarding Family and Medical Leave Act (FMLA) 2 Absence Details hot Standed Department of Labor Notice: Employee Rights and Responsibilities Under the FMLA. 3 Attachments & Notes Not Standed HR Policy: HR FMLA Policy 1.07 4 Review and Submit Not Standed If he leave request is for your own serious health condition, including birth of a child, and is for a period of disability greater than 3 days, submit Form Employee Health Certification For If the leave request is for a family member, submit Form Family Health Certification Form. If the leave request is to care for a family member, submit Form Family Health Certification Form. If the leave request is to care for a family member, submit Form Family Health Certification Form. If the leave request is to care for a family member who is an active military member with a serious injury or illness, submit Military Caregiver Leave of a Current Service Member. If the leave request is to care for a family member who is a ocvered veteran with serious injury or illness, submit Military Caregiver Leave of a Veteran.		
2 Absence Details tot Started Department of Labor Notice: Employee Rights and Responsibilities Under the FMLA. 3 Attachments & Notes HR Policy: HR FMLA Policy 1.07 4 Review and Submit Not Started Fmoloyee Procedure according to FMLA Request: 1 the leave request is for your own serious health condition, including birth of a child, and is for a period of disability greater than 3 days, submit Form Employee Health Certification Form. 1 the leave request is for adoption or foster care of child, submit Certification Form. 1 the leave request is to care for a family member, submit Form Family Health Certification Form. 1 the leave request is to care for a family member who is an active military member with a serious injury or illness, submit Military Caregiver Leave of a Current Service Member. 1 the leave request is to care for a family member who is a covered veteran with serious injury or illness, submit Military Caregiver Leave of a Veteran.	1 General Information Visited	Important Information Regarding Family and Medical Leave Act (FMLA)
Attachments & Notes HR Policy: HR FMLA Policy 1.07 Imployee Procedure according to FMLA Request: Inteleave request is for your own serious health condition, including birth of a child, and is for a period of disability greater than 3 days, submit Form Employee Health Certification Form. If the leave request is for adoption or foster care of child, submit Certificate of Adoption or Placement of Adoption in lieu of the Employee Health Certification Form. If the leave request is for adoption or foster care of child, submit Certificate of Adoption or Placement of Adoption in lieu of the Employee Health Certification Form. If the leave request is for military leave requests for foreign deployment of your spouse, child, or parent, submit Military Qualifying Exigency. If the leave request is to care for a family member who is an active military member with a serious injury or illness, submit Military Caregiver Leave of a Current Service Member. If the leave request is to care for a family member who is a covered veteran with serious injury or illness, submit Military Caregiver Leave of a Veteran. If the leave request is to care for a family member who is a covered veteran with serious injury or illness, submit Military Caregiver Leave of a Veteran.	2 Absence Details Not Started	Department of Labor Notice: Employee Rights and Responsibilities Under the FMLA.
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Step 2 of 4/Absence Details - read each question carefully and change to "Yes" if	New		Calendar × July V 2021 V S M T W T F S 1 2 3 1 2 3	< Previous Next >
Questions changed to "Yes" are highlighted in green. Step 9: Click the Start Date Calendar lookup and select the appropriate date.	General Information Vialed Absence Details Vialed Attachments & Notes Not Started Review and Submit Not Started	Step 2 of 4: Absence Details Are you a transfer from another state agency or state funded University? Does your spouse work for the same company? No Does your spouse work for another state agency or state funded University? No According to HR 1.07 FMLA policy, you are required to use sick leave during your own serious healt *Start Date 07/26/2021 *Expected Return Date *Absence Reason Current Balance 0.00 ** Comments	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 3 Current Date	nt, will you use annual leave? <u>No</u>
Step 10: Click the Expected Return Date Calendar lookup and select the appropriate date.	New	USC Extended Absence Re	Calendar × August v 2021 v S M T W T F S	Previous Next >
	1 General Information Visited 2 Absence Details Visited 3 Attachments & Notes Not Started 4 Review and Submit Not Started	Step 2 of 4: Absence Details Are you a transfer from another state agency or state funded University? Does your spouse work for the same company? No Does your spouse work for another state agency or state funded University? No According to HR 1.07 FMLA policy, you are required to use sick leave during your own serious healt *Start Date 7726/2021 *Expected Return Date Actual Return Date *Absence Reason Current Balance 0.00 ** Comments	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	Save



<u>NOTE</u>: The Actual Return Date will be completed by an Absence Administrator	& Exit	USC Extended Absence Request	۲ :
in the Benefits Office.	New		<pre></pre>
Step 11: Click the Absence Reason drop-	1 General Information Visited	Step 2 of 4: Absence Details	Save
reason.	Absence Details	Are you a transfer from another state agency or state funded University? No Does your spouse work for the same company? No	
	3 Attachments & Notes Not Started	Does your spouse work for another state agency or state funded University? No According to HR 1.07 FMLA policy, you are required to use sick leave during your own serious health condition. If your sick leave balance is insufficient, will you use annual leave? Start Date O7262021	No
	4 Review and Submit Not Started	*Expected Return Date 08/20/2021	
		Actual Return Date III *Absence Reason Select Absence Reason	
		Current Balance Birth, Adoption or Foster care Famly Serious Health Condition Military-Fam Illness/Injury	
		Own Serious Health Condition Parent Serious Health Cond. Select Absence Reason	
]



Absence Reason displays and Current Balance changes from 0.00 to the calculated entitlement.	8 Exit New	USC Extended Absence Request	Previous Next >
Step 12/Optional: Click in the Comments field and enter an appropriate comment. Step 13: Click the Next button.	General Information Visited Absence Details Visited Attachments & Notes Not Started Review and Submit Not Started	Step 2 of 4: Absence Details Are you a transfer from another state agency or state funded University? Does your spouse work for the same company? Does your spouse work for another state agency or state funded University? According to HR 1.07 FMLA policy, you are required to use sick leave during your own serious health condition. If your sick leave balance is insufficient, will you use annual leave? *Start Date #Expected Return Date #Expected Return Date #Actual Return Date #Absence Reason Ovm Serious Health Condition Comments Please include applicable frormation here.	No
Step 3 of 4/Attachments and Notes - upload the appropriate completed FMLA Form. Step 14: Click the Attachments button.	Exit New General Information	USC Extended Absence Request	C Previous Next >
	Absence Details Viated Absence Details Viated Review and Submit Not Started	Attachments and Notes Attachment and Notes No Document has been attached. Add Attachment Add Note	Save















Step 21: Click in the Description field and enter an appropriate description for the notes.	& Exit	_		USC Extended Absence Request			_	۴	
Step 22: Click in the Note Text field and							< Pr	evious N	ext >
enter the information applicable to the	1 General Information Visited	Step 3 of 4: Attachments	& Notes						Save
extended absence request.	2 Absence Details Visited	Attachments and Notes		Note	Dana	1			
Step 23: Click the Done button.	3 Attachments & Notes Visited	Document ◊	*Description	Personal Health Information	Done	ttached By ≎	Attached \diamond	Status ◇	1 row
	4 Review and Submit Not Started	fmla_employee_cert	*Note Text	Add applicable information here.		SC Exempt	07/18/21 12:08:09 PM	Active	
			Attached By U	8063 characters remaining					
			Attached 0	7/18/2021 12:08:29 PM 7/18/2021 12:08:29 PM					
			Status A	ctive					



Step 24: When the attachment is uploaded and notes added, click the Save button.	🛠 Exit New		USC Extended Absence Request			K	Previous	Next >
Step 25: Click the Next button to complete the request.	1 General Information Visited 2 Absence Details Visited 3 Attachments & Notes Visited Review and Submit Not Started Not Started	Step 3 of 4: Attachments & Attachments and Notes Add Attachment Add Note Document O fmla_employee_cert_wh_380_e pdf Add applicable infor	Notes Description ◇ Employee Health Certification Form Personal Health Information	Type ≎ Attachment Note	Attached By O USC Exempt USC Exempt	Attached 0 07/18/21 12:08:09 PM 07/18/21 12:09:07 PM	Status 🌣 Active Active	2 rows
Step 4 of 4/Review and Submit - review all the absence request detail, attachments, and notes.	<mark>⊗ Exit</mark> New		USC Extended Absence Request			۲.	rrevious S	ubmit
Step 26: Click the Submit button.	1 General Information Valued Absence Details 2 Absence Details 3 Attachments & Notes Visited Valued 4 Review and Submit	Step 4 of 4: Review and Sut Attachments and Notes Document O finla_employee_cert_vh_380_e.pdf Add applicable infor	Absence Type Family and Medical Leave Act Absence Take FMLA Start Date 07/26/2021 Expected Return Date 08/20/2021 Actual Return Date Absence Reason Own Serious Health Condition Current Balance 450.00 Comments Please include applicable information here. Description O Employee Health Certification Form Personal Health Information	Type ○ Attachment Note	Attached By O USC Exempt USC Exempt	Attached 0 07/18/21 12:09:27 PM 07/18/21 12:09:27 PM	Status O Active Active	2 rows



	🛞 Exit		USC Extended Absence Request				7	- :
Step 27: Click the Yes button to submit								
the extended absence request.	New							
						< Pri	evious	Submit
	1 General Information	Step 4 of 4: Review and Su	bmit					
	Visited		Absence Type Family and Medical Leave Act					
	2 Absence Details		Absence Take FMLA					
			Start Date 07/26/2021					
	3 Attachments & Notes Visited		Actual Return Date					
	Review and Submit		Absence Reason Own Serious Health Condition					
	Visited		Current Balance 450.00					
			Are you sure you want to Submit this Extended Absence Request?					
		Attachments and Notes	Yes No					
		Document \diamond	Description O	Туре 🛇	Attached By \Diamond	Attached ♦	Status 🛇	2 rows
		fmla_employee_cert_wh_380_e.pdf	Employee Health Certification Form	Attachment	USC Exempt	07/18/21 12:09:27 PM	Active	>
		Add applicable infor	Personal Health Information	Note	USC Exempt	07/18/21 12:09:27 PM	Active	
Step 28: Notice the workflow status is "Submitted" and the request is waiting for the Absence Management Leave Admin from the Benefit's Office for approval. You have successfully learned how to request an extended absence (FMLA request).	Absence Type Family and Medical Leav Absence Name FMLA Workflow Status Submitted Request History Leave Administrator Absence Management Leave Administrator Rending Multiple Approvers Absence Management Leave Admin	e Act	7/28/2021 3/20/2021 wn Serious Health Condition 50.00 lease include applicable information here.				Pending	· · ·
		Current Balance 48 Comments Pl	50.00 ease include applicable information here.					