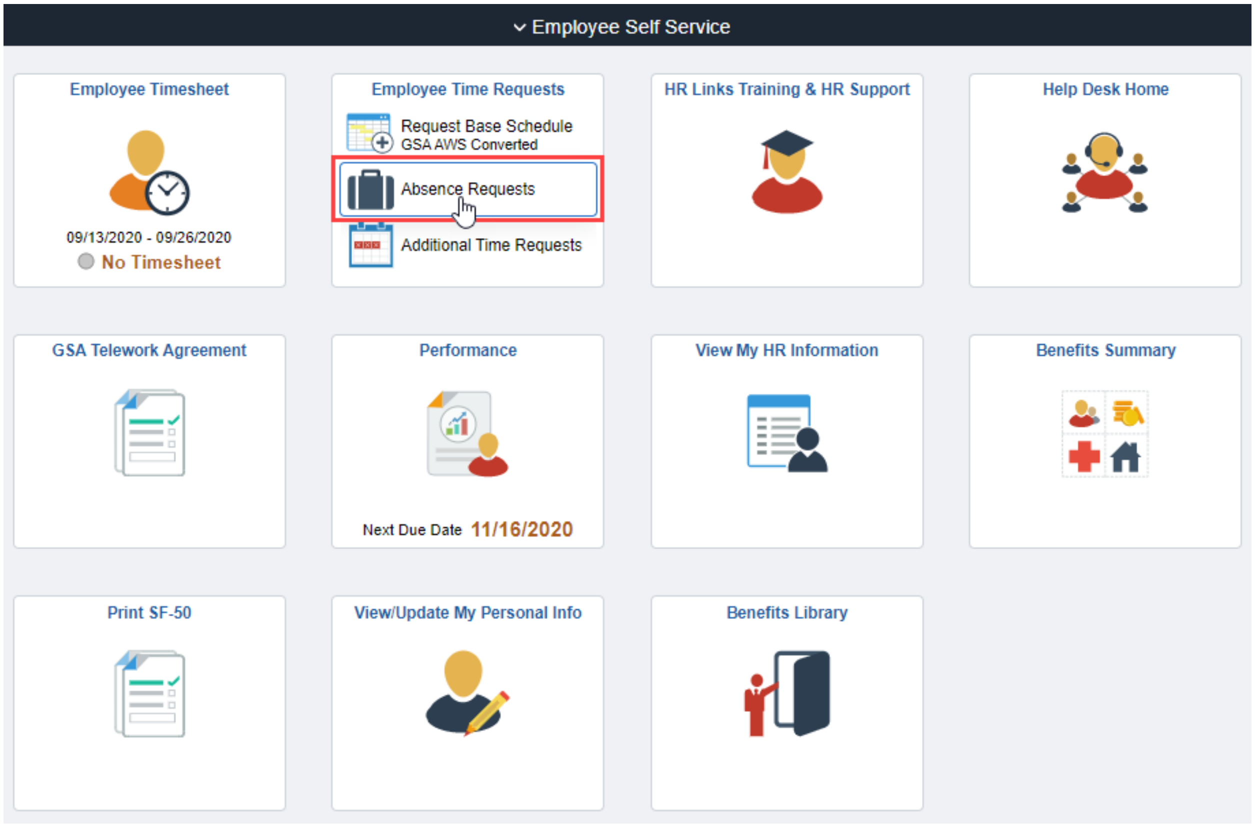
# Emergency Sick Leave (Employee)

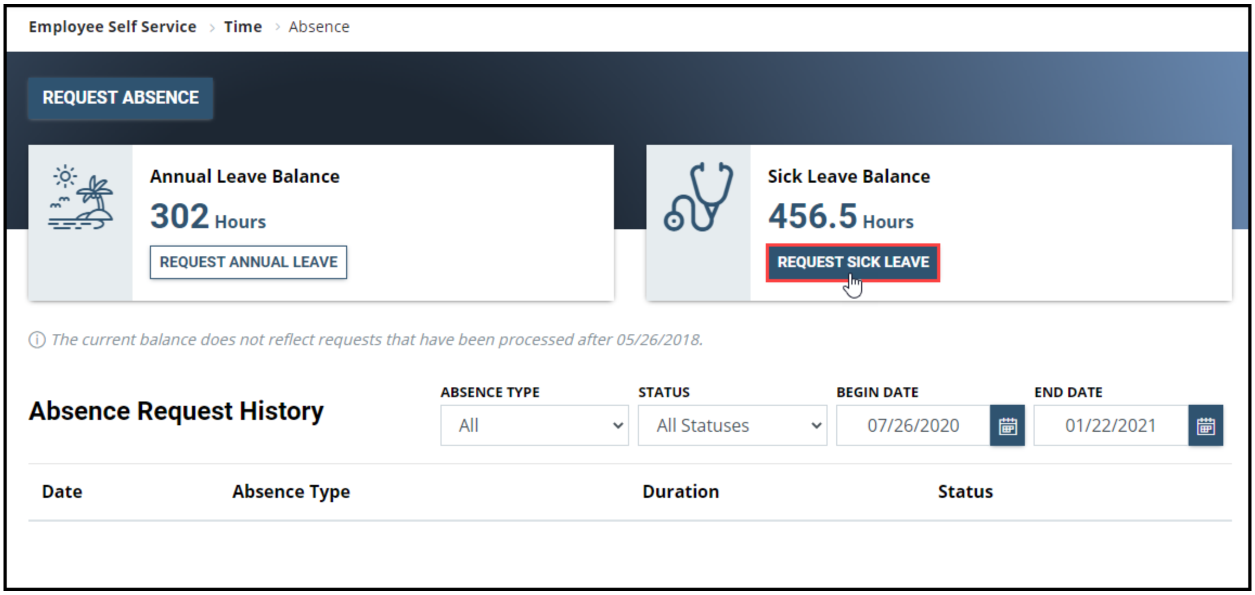
Follow this job aid to learn how to submit Emergency (paid) Sick Leave in HR Links.

## Repeat title name here

1. Select the **Absence Request** tile from the Employee Self Service homepage.


Employee Self Service
Employee Timesheet
09/13/2020 - 09/26/2020
No Timesheet
Employee Time Requests
Request Base Schedule
GSA AWS Converted
Absence Requests
Additional Time Requests
HR Links Training & HR Support
Help Desk Home
GSA Telework Agreement
Performance
Next Due Date 11/16/2020
View My HR Information
Benefits Summary
Print SF-50
View/Update My Personal Info
Benefits Library

2. Select **Request Sick Leave** under **Sick Leave Balance**.



Employee Self Service › Time › Absence

REQUEST ABSENCE

Annual Leave Balance
302 Hours
REQUEST ANNUAL LEAVE

Sick Leave Balance
456.5 Hours
REQUEST SICK LEAVE

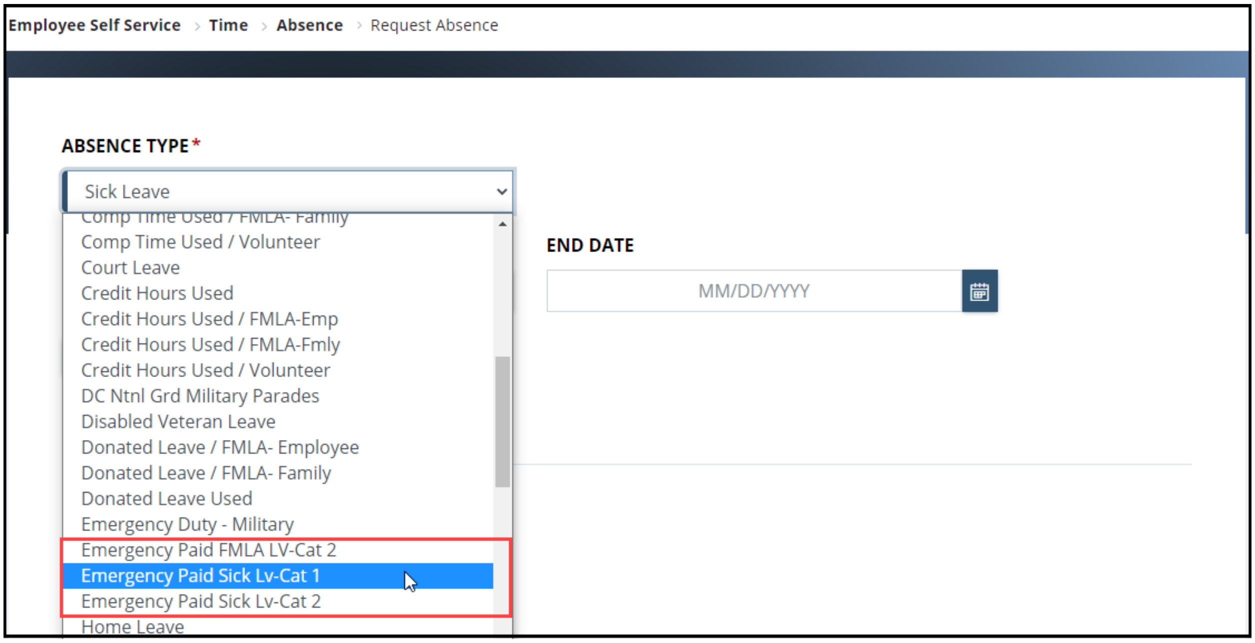
ⓘ *The current balance does not reflect requests that have been processed after 05/26/2018.*

Absence Request History

| ABSENCE TYPE | STATUS | BEGIN DATE | END DATE |
|---|---|---|---|
| All | All Statuses | 07/26/2020 | 01/22/2021 |

| Date | Absence Type | Duration | Status |
|---|---|---|---|

3. Select one of the three **Emergency Sick Leave** options under the **Absence Type** dropdown.



Employee Self Service › Time › Absence › Request Absence

ABSENCE TYPE*

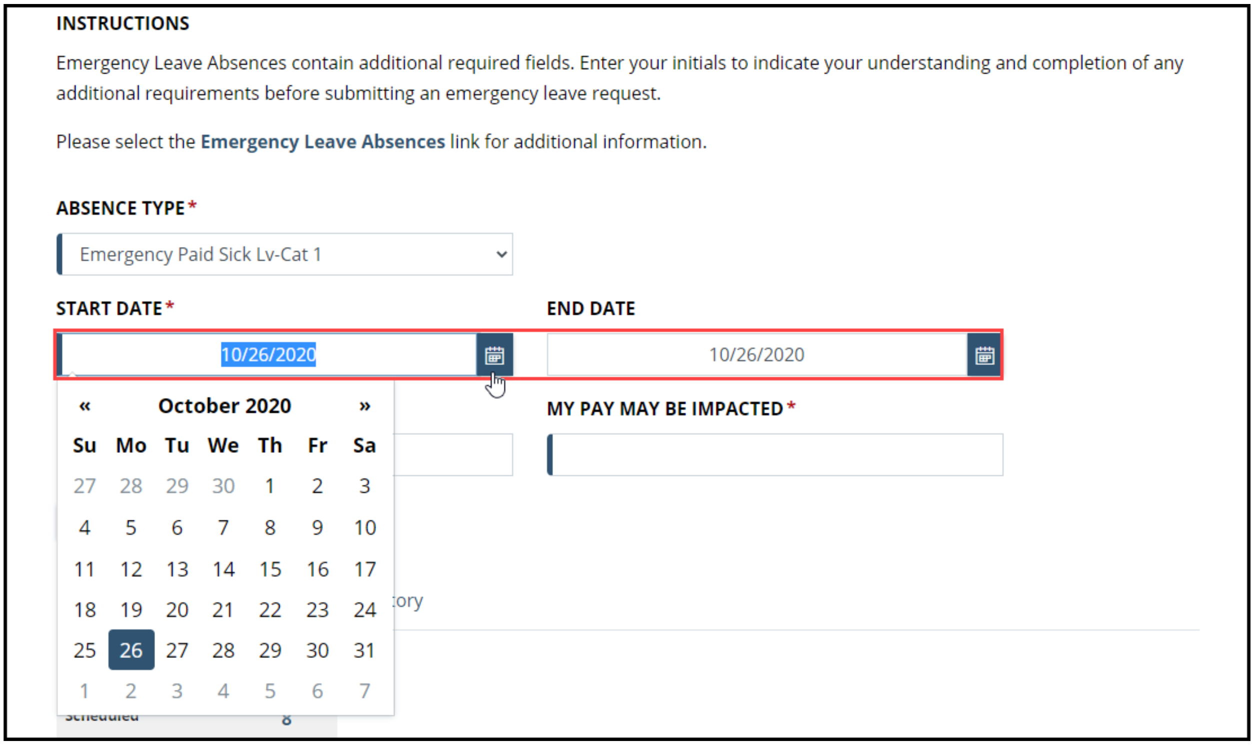
Sick Leave

Comp Time Used / FMLA- Family
Comp Time Used / Volunteer
Court Leave
Credit Hours Used
Credit Hours Used / FMLA-Emp
Credit Hours Used / FMLA-Fmly
Credit Hours Used / Volunteer
DC Ntnl Grd Military Parades
Disabled Veteran Leave
Donated Leave / FMLA- Employee
Donated Leave / FMLA- Family
Donated Leave Used
Emergency Duty - Military
Emergency Paid FMLA LV-Cat 2
Emergency Paid Sick Lv-Cat 1
Emergency Paid Sick Lv-Cat 2
Home Leave

END DATE

MM/DD/YYYY

4. Select the calendar icon 📅 to choose the **Start Date** and **End Date** or type the **Start** and **End Dates** into the corresponding fields.



**INSTRUCTIONS**

Emergency Leave Absences contain additional required fields. Enter your initials to indicate your understanding and completion of any additional requirements before submitting an emergency leave request.

Please select the **Emergency Leave Absences** link for additional information.

**ABSENCE TYPE***

Emergency Paid Sick Lv-Cat 1

**START DATE***

10/26/2020

**END DATE**

10/26/2020

**MY PAY MAY BE IMPACTED***

«
October 2020
»
Su Mo Tu We Th Fr Sa
27 28 29 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
tory
Scheduled
8

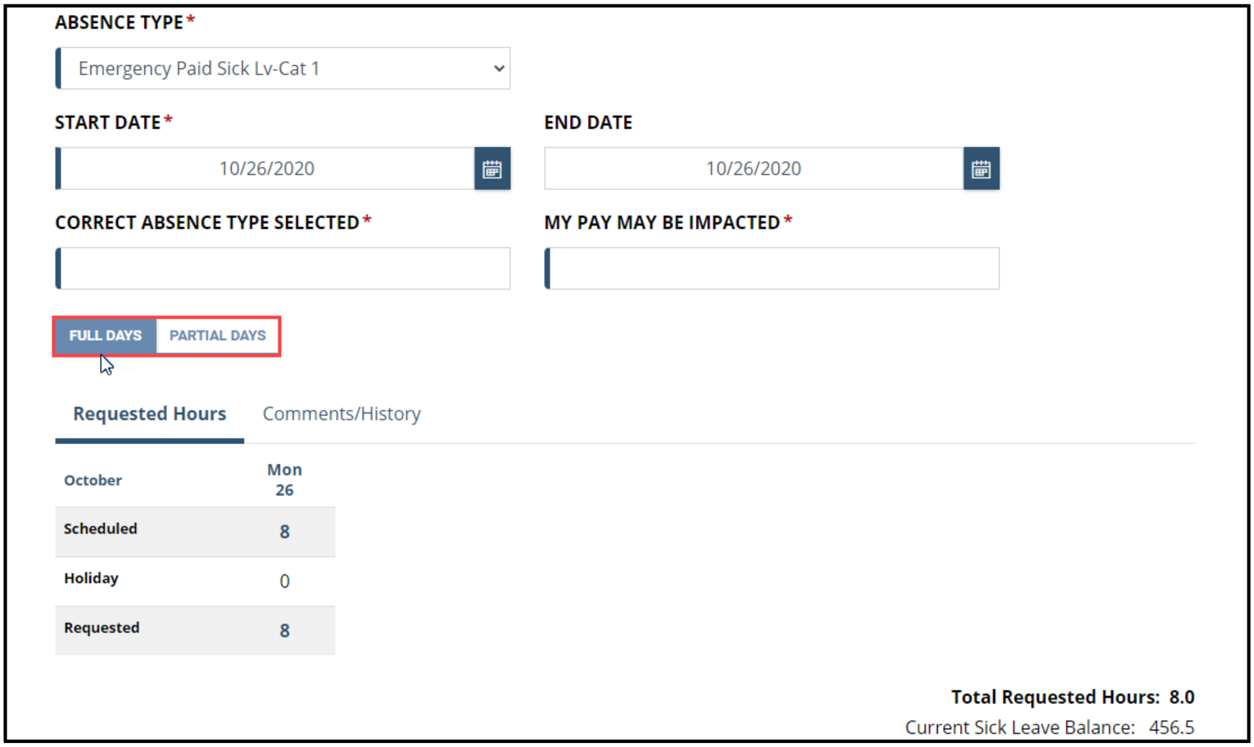
5. After choosing start and end dates, the absence page defaults to **Full Days**.

    a. If you are requesting **Full Days**, simply select the Comments/History hyperlink and add any **Comments** in the Comments tab as necessary. The page will automatically calculate the total requested hours.

    b. If you are submitting a request for **Partial Days,** select **Partial Days**, put in the number of hours being requested either for all days or for the first and last day of absence. The page will automatically calculate the total requested hours.

    ***Note:*** *If only the* ***First Day*** *and/or* ***Last Day*** *of the absence will be partial days, a value must be added for each of them. The value* ***0*** *is not allowed for these days.*

    *If selecting* ***All days are partial,*** *the same number of hours must be requested for all days in the period.*



**ABSENCE TYPE***
Emergency Paid Sick Lv-Cat 1

**START DATE*** 10/26/2020
**END DATE** 10/26/2020

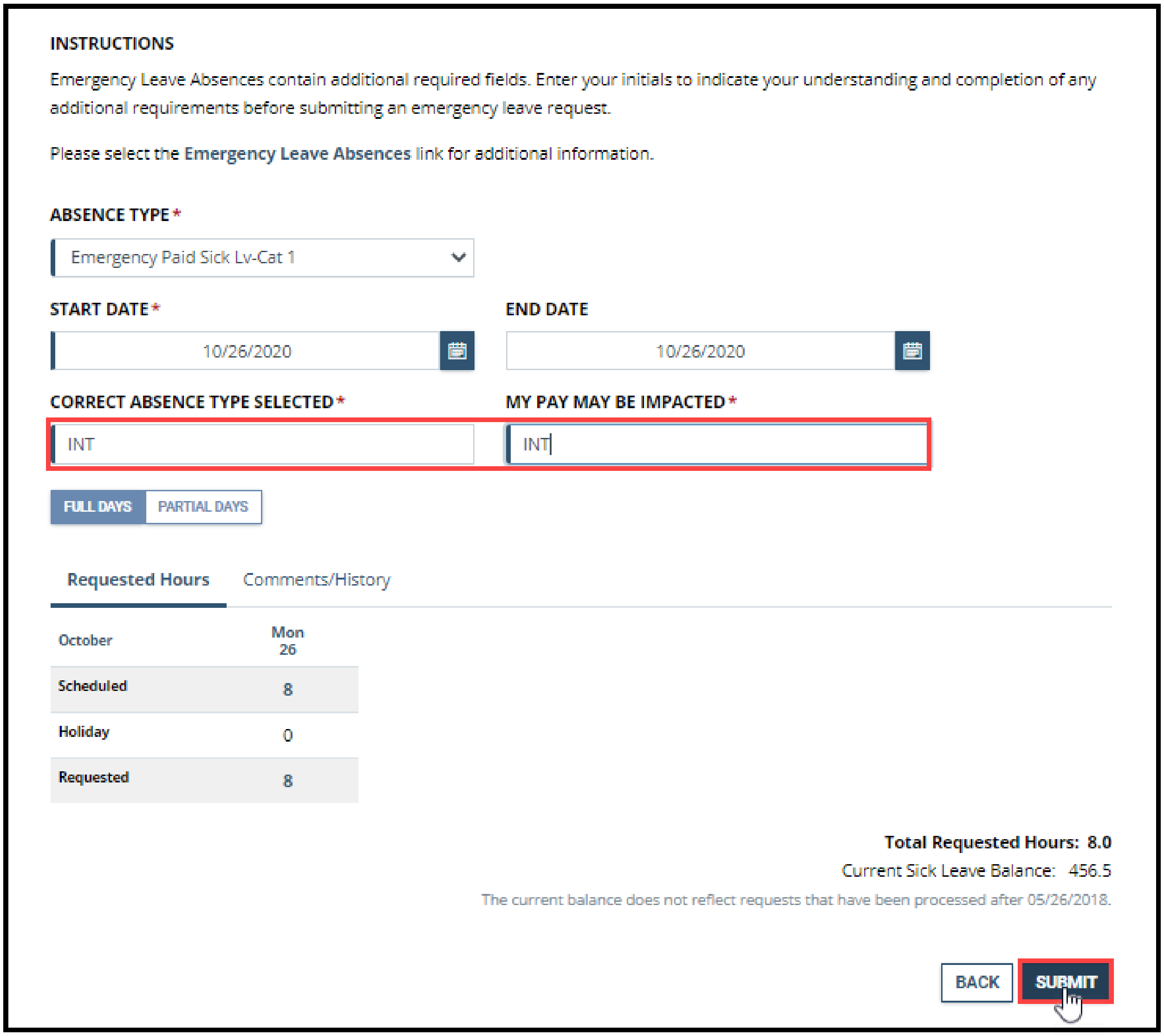
**CORRECT ABSENCE TYPE SELECTED***

**MY PAY MAY BE IMPACTED***

| October | Mon<br>26 |
|---|---|
| Scheduled | 8 |
| Holiday | 0 |
| Requested | 8 |

**Total Requested Hours: 8.0**
Current Sick Leave Balance: 456.5

6. Type your initials in the **Correct Absence Type Selected** and **My Pay May Be Impacted** fields and select **Submit**.
   ***Note:*** *You will receive an error message and you will not be able to submit the request if you do not type your initials in both fields.*



INSTRUCTIONS

Emergency Leave Absences contain additional required fields. Enter your initials to indicate your understanding and completion of any additional requirements before submitting an emergency leave request.

Please select the **Emergency Leave Absences** link for additional information.

ABSENCE TYPE*: Emergency Paid Sick Lv-Cat 1

START DATE*: 10/26/2020

END DATE: 10/26/2020

CORRECT ABSENCE TYPE SELECTED*: INT

MY PAY MAY BE IMPACTED*: INT

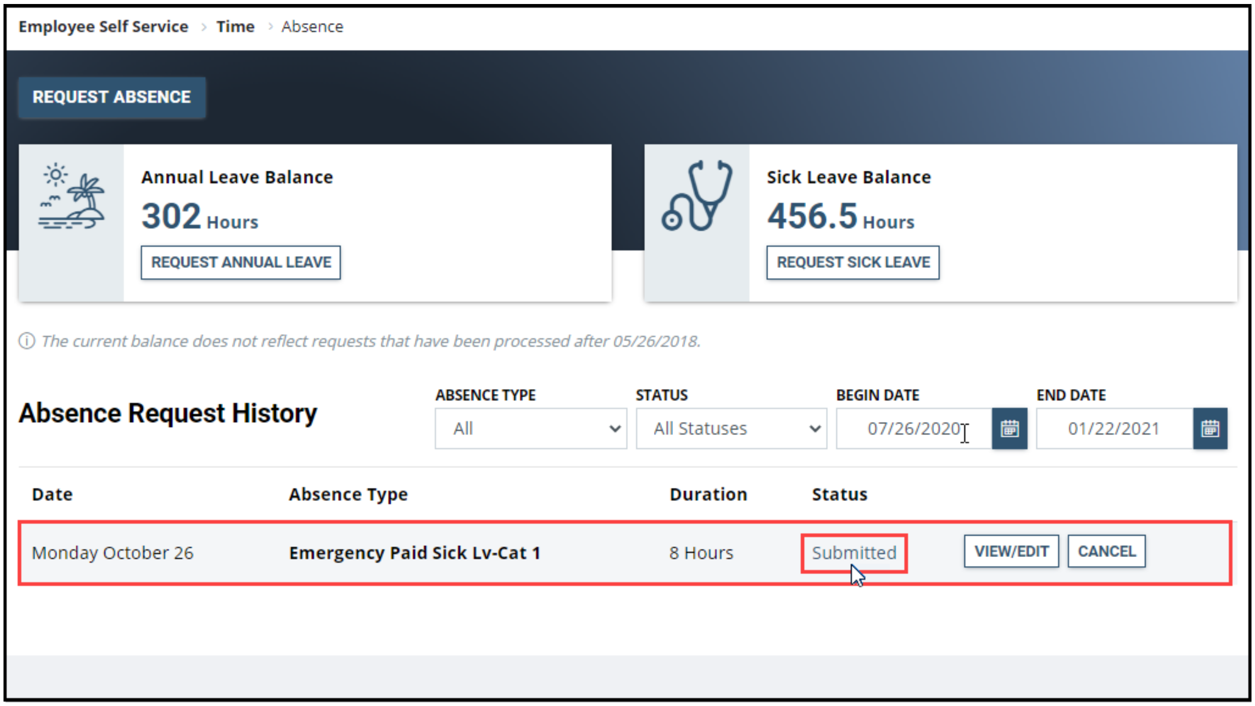
| October | Mon 26 |
|---|---|
| Scheduled | 8 |
| Holiday | 0 |
| Requested | 8 |

**Total Requested Hours: 8.0**

Current Sick Leave Balance: 456.5

The current balance does not reflect requests that have been processed after 05/26/2018.

7. Once the absence request is submitted, you will see the status show up as **Submitted**.



Employee Self Service › Time › Absence

REQUEST ABSENCE

**Annual Leave Balance**

302 Hours

REQUEST ANNUAL LEAVE

**Sick Leave Balance**

456.5 Hours

REQUEST SICK LEAVE

*The current balance does not reflect requests that have been processed after 05/26/2018.*

**Absence Request History**

ABSENCE TYPE: All

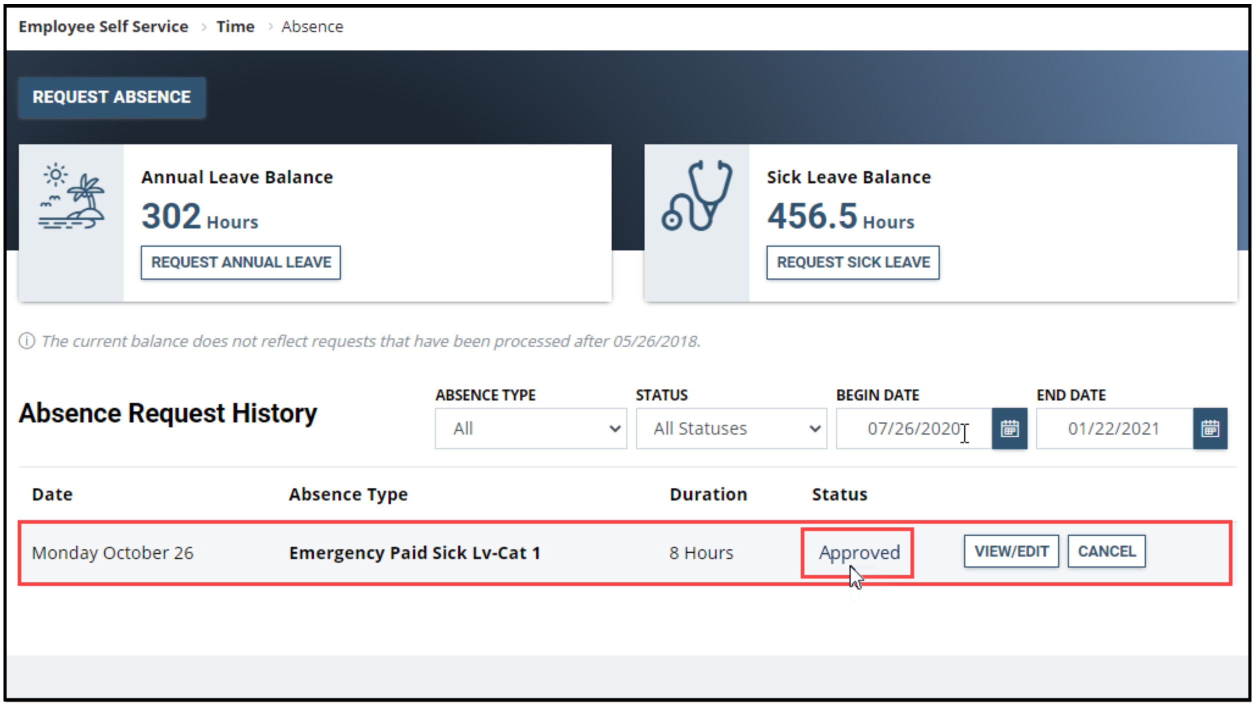
STATUS: All Statuses

BEGIN DATE: 07/26/2020

END DATE: 01/22/2021

| Date | Absence Type | Duration | Status | |
|---|---|---|---|---|
| Monday October 26 | **Emergency Paid Sick Lv-Cat 1** | 8 Hours | Submitted | VIEW/EDIT CANCEL |

8. Once your supervisor approves your absence request, the status will change from **Submitted** to **Approved**. *You are all set!*


Employee Self Service › Time › Absence
REQUEST ABSENCE
REQUEST ANNUAL LEAVE
REQUEST SICK LEAVE
VIEW/EDIT
CANCEL

**Annual Leave Balance**
302 Hours

**Sick Leave Balance**
456.5 Hours

*The current balance does not reflect requests that have been processed after 05/26/2018.*

**Absence Request History**

| ABSENCE TYPE | STATUS | BEGIN DATE | END DATE |
|---|---|---|---|
| All | All Statuses | 07/26/2020 | 01/22/2021 |

| Date | Absence Type | Duration | Status |
|---|---|---|---|
| Monday October 26 | **Emergency Paid Sick Lv-Cat 1** | 8 Hours | Approved |