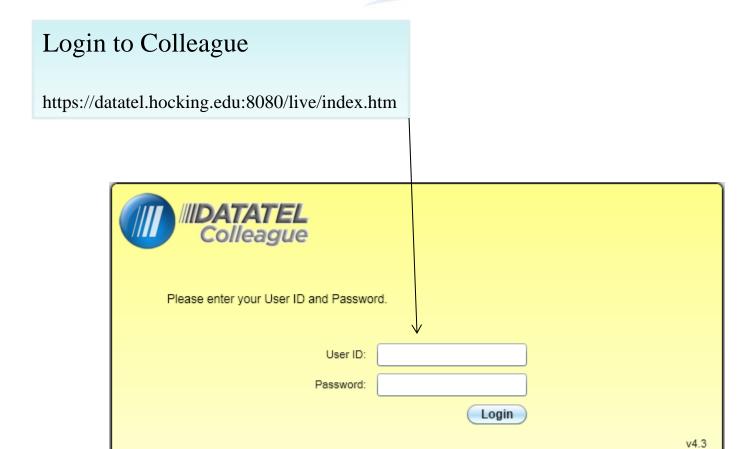


### Leave Request Online Supervisor



#### Supervisor Approval Process





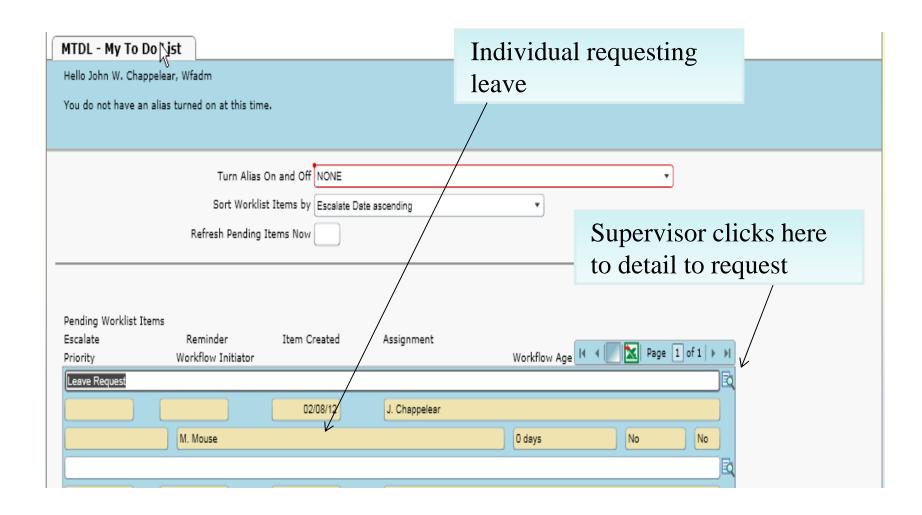
## My To Do List





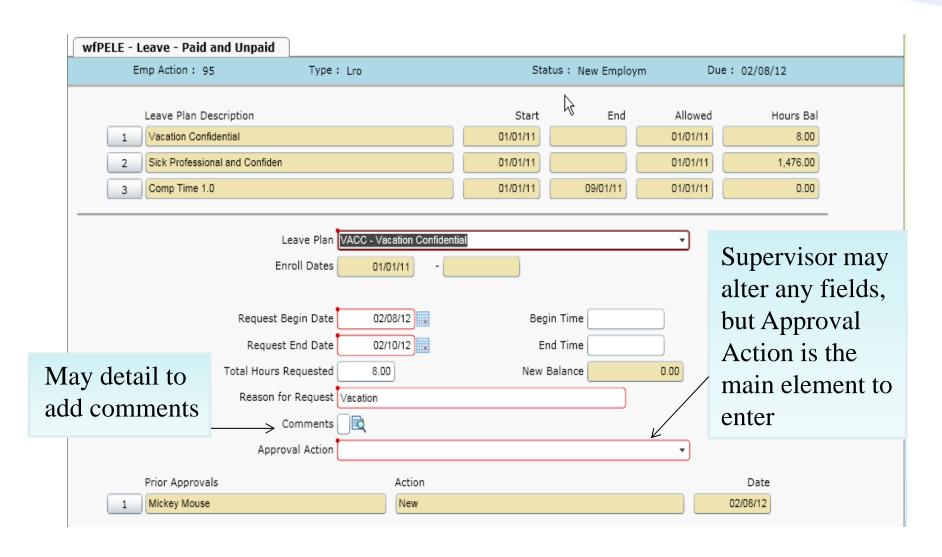


# MTDL – Supervisor's Approval Screen



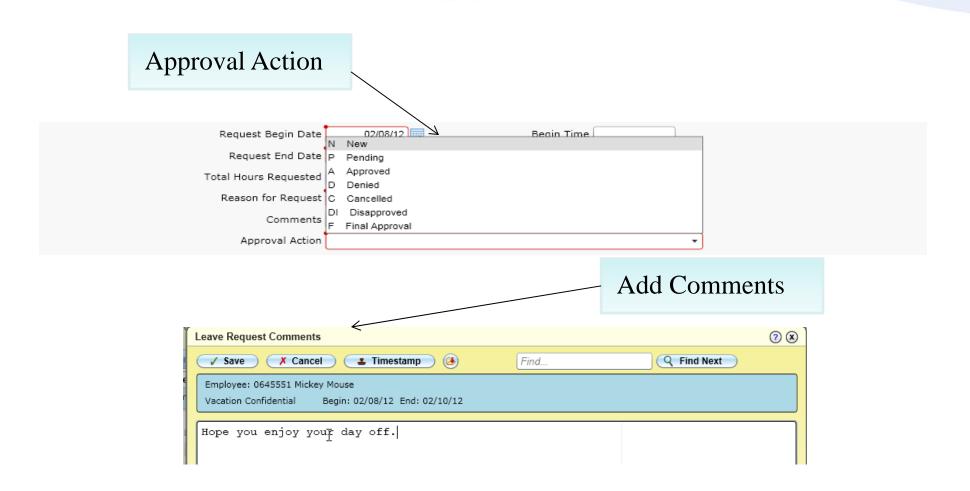


# MTDL – Supervisor's Approval Screen





#### MTDL – Supervisor Screen



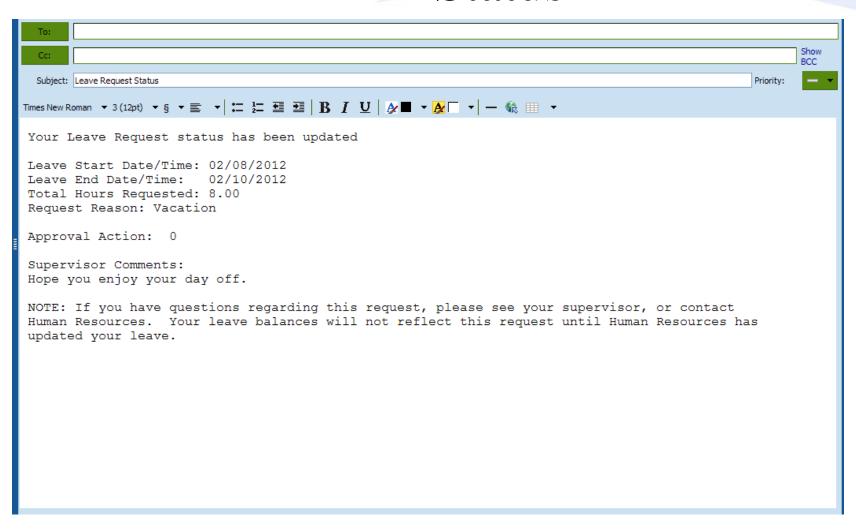


# MTDL - Supervisor Screen (completed)

PELE - L	eave - Paid and Unpa	aid					
Emp Action: 95 Typ		Type: Lro		Stat	Status: New Employm		02/08/12
						- 11	
	Leave Plan Description			Start	End	Allowed	Hours Bal
1	Vacation Confidential		01/01/1		01/01/11	8.00	
2	2 Sick Professional and Confiden			01/01/11		01/01/11	1,476.00
3	3 Comp Time 1.0			01/01/11	09/01/11	01/01/11	0.00
Leave Plan VACC - Vacation Confidential ▼  Enroll Dates 01/01/11 -							
Request Begin Date 02/08/12			Begi	n Time			
Request End Date 02/10/12			End Time				
Total Hours Requested 8.00			New Balance 0.00				
Reason for Request Vacation							
		Comments 🔲 🚉					
	,	Approval Action A Appro	oved			•	
	Prior Approvals		Action		• •	Page 1 of 2	2   ▶ ▶



## Email to Employee with New Status





#### Reminder

Faculty time is deducted based on contract %.

- If employee is out all day they will be deducted for an 8 hour day if 100% contract.
- If their contract is only 64% then they will be deducted 5.12 hours for the day.

If employee is out longer than 5 days sick they will need a doctors slip to return to work. The slip needs to be sent to HR to put in file.



#### Non-WebAdvisor Leave form

Employee Name	OCKING COLLEGE —		Cancel	lation	
Dates of Leave: From	yee Name	Too	day's Date		
PAID LEAVE: HUMAN RESOURCES – APPROVAL PENDING AVAILABLE LEAVE TIME (Requested in Advance)    Personal Use Days (Maximum of 4 days per year; 2 days charged to sick leave)   Maternity Leave/Paternity Leave   Death in Family (Relationship to Deceased)    CANCELLATIONS:   Cancellation Dates	yee ID #	Total Hours_	rsRequest		
Requested in Advance    Personal Use Days (Maximum of 4 days per year; 2 days charged to sick leave)   Maternity Leave/Paternity Leave   Death in Family (Relationship to Deceased)	of Leave: From	through			
□ Maternity Leave/Paternity Leave □ Death in Family (Relationship to Deceased)  CANCELLATIONS:  Cancellation Dates		L PENDING AVAIL	ABLE LEAVE TIME		
Cancellation Dates	ternity Leave/Paternity Leave				
Leave Cancelled:					
UNPAID LEAVE:  □ Personal Leave (4 weeks advance notice, maximum one year in duration) □ Extended Disability Leave (Requires a physician's certificate and the Director of Human Reso permission; maximum one year in duration) □ Family and Medical Leave of Absence (Requires completed Certification of Physician or Practical Promain and Human Resources' approval)  JURY DUTY (Requires Jury Duty Check) and Military Leave □ Contact Human Resources for instructions  Employee Signature  Date  Human Resources Signature  Date  White: Human Resources Supervisor Pirik: Employee	llation Dates	Total Hours_		Requeste	
UNPAID LEAVE:  □ Personal Leave (4 weeks advance notice, maximum one year in duration)  □ Extended Disability Leave (Requires a physician's certificate and the Director of Human Resopermission; maximum one year in duration)  □ Family and Medical Leave of Absence (Requires completed Certification of Physician or Practical Form and Human Resources' approval)  UNRY DUTY (Requires Jury Duty Check) and Military Leave  □ Contact Human Resources for instructions  Employee Signature  □ Date    Date	e Cancelled:   Vacation Leave	Sick Leave D	☐ Comp-time		
□ Personal Leave (4 weeks advance notice, maximum one year in duration) □ Extended Disability Leave (Requires a physician's certificate and the Director of Human Resopermission; maximum one year in duration) □ Family and Medical Leave of Absence (Requires completed Certification of Physician or Practical Form and Human Resources' approval)  JURY DUTY (Requires Jury Duty Check) and Military Leave □ Contact Human Resources for instructions  Employee Signature □ Date    Date	□ Non-Contract □	Personal Day			
□ Extended Disability Leave (Requires a physician's certificate and the Director of Human Rescrepermission; maximum one year in duration) □ Family and Medical Leave of Absence (Requires completed Certification of Physician or Pract Form and Human Resources' approval)  JURY DUTY (Requires Jury Duty Check) and Military Leave □ Contact Human Resources for instructions  Employee Signature □ Date  Human Resources Signature □ Date  White: Human Resources Yellow: Supervisor	ID LEAVE:				
Contact Human Resources for instructions  Employee Signature  Date  Supervisor Signature  Date  Human Resources Signature  Date  White: Human Resources Yellow: Supervisor Employee	ended Disability Leave (Requires a physi rmission; maximum one year in duration) mily and Medical Leave of Absence (Requ	cian's certificate	and the Director of Hum		
Employee Signature  Date  Supervisor Signature  Date  Human Resources Signature  Date  White: Human Resources Yellow: Supervisor Pink: Employee	DUTY (Requires Jury Duty Check) and M	filitary Leave			
Supervisor Signature  Date  Human Resources Signature  Date  White: Human Resources Yellow: Supervisor Pink: Employee	ntact Human Resources for instructions				
Supervisor Signature  Date  Human Resources Signature  Date  White: Human Resources Yellow: Supervisor Pink: Employee					
Human Resources Signature  Date  White: Human Resources Yellow: Supervisor Pink: Employee	yee Signature		Date		
White: Human Resources Yellow: Supervisor Pink: Employee	visor Signature		Date		
Yellow: Supervisor Pink: Employee	n Resources Signature	Da	ate		
Paying 2/2012	Supervisor				
NOVISOR 22012	1 2/2012				