

County of Ventura Disability Management Division

Presagia Leave of Absence COVID-19 Guide

April 2020

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School Closure/Day care Only FMLA Eligible

Request leave

You will select Public Health Emergency under the drop down menu of other reasons.



Select the appropriate relationship to Biological child, enter child name and enter COVID-19 in the Extra Information section

equest leave		Save	Previous Next C
ason details		E	mployee:
telationship *	Biological child Name * Abraham Bravo		
COVID-19			
filitary service			
ictim of violence			
ictim of crime			

Click next

You need enter the date range for leave.

Note: All leaves should have an effective 04/01/2020 or later.

				œ
Request leave		Previous	Next	Canc
Case information		Employee:		
Date and time request was received * First expected date of absence * Last expected date of absence * Intermittent leave Use accrued paid time off Relevant employment profile * California >> United States ; No ; SEIU P	O1-Apr-2020 III 12:09 PM PDT O1-Apr-2020 III 30-Apr-2020 III Tofessional ; No ; Human Services Agency ; Community Servi V			
Extra information	Insert template			
COVID-19				

Make sure to check Intermittent leave if they asked for an intermittent leave.

1				θ	?
les	Request leave	Previous	Next	Cancel	
	Case information				
ee	Date and time request was received * First expected date of absence * Lost expected date of absence * Intermittent leave Use accrued paid time off Relevant employment profile *				
	California >> United States ; No ; SEIU Professional ; No ; Human Services Agency ; Community Servi Extra information Insert template				9

Make sure that Absence Schedule matches the date range.

•	œ ?
Absence schedule	Next Cancel
Absence Schedule	Employee:
Last expected date of absence * 30-Apr-2020 Anticipated return to work date 01-May-2020 System suggested return to work date 01-May-2020 Accept	 Require a medical release date from a doctor? Require employer authorized return to work date? Require employee confirmation of return to work date? Require date employee actually returned to work?
Intermittent Effective date	
From To Type 01-Apr-2020 Image: State Stat	Duration Planned absence ▼ ▼

If leave is an intermittent then you should track hours based on schedule. See example below.

							e
Request leave	e				Previous	Next	Cance
bsence Schedule							
ast expected date Anticipated return t System suggested Please enter all you If an absence will b	of absence * [to work date [return to work date[ur known dates of ab be part of a day (Miss	30-Apr-2020	 Require a medical release dat Require employer authorized Require employee confirmation Require date employee actual 	e from a doo return to wo on of return t lly returned	ctor? ork date? to work date? to work?		
Errom	4.15. Enter minute	Type	Duration Planned absence				
Add row 01-Apr-2020	30-Apr-2020	Missed time	3h	×			

Please upload any documents you may have that relates to this leave case.

Request leave			Previous	Next Cancel
nbound documentation				
Active person * Mor	ales, Lorena	+		
Correspondence date 02-	pr-2020 8:27 AM	PDT		
Correspondence mode				
Correspondence title				
Document location				
Documentation file	the income has the	Browse		
Details (required if conversal	ion is selected)	to havigate to where the file has been saved		
	o you want to sign or	rrespondence?		
	o you mane to sign ce	respondence		

Run the entire wizard and submit.

7		∞?
Request leave		Previous Submit Cancel
Confirmation page		Employee:
Please note: You are about verify the accuracy of all inf	to click Submit. When you click Submit, a leave request will be cre ormation entered here, and click the Previous button to make any	ated and submitted for review. Please corrections.
Leave reason:	Public Health Emergency	
Relationship:	Biological child	
Name:	Abraham Bravo	
Military service:	No	
Victim of violence:	No	
Victim of crime:	No	
Date and time request was received:	03-Apr-2020 9:39 AM PDT	
First expected date of absence:	01-Apr-2020	
Last expected date of	30-Apr-2020	

You can click on Case number so that the system can direct you back to that particular leave case.

		Θ
Request leave		Print Close
Case number		Employee:
Request for leave has been in This request will be evaluate Case number Leave-5805	ecorded. dunder all applicable policies.	Í
Leave reason:	Public Health Emergency	
Relationship:	Biological child	
Name:	Abraham Bravo	
Military service:	No	
Victim of violence:	No	
Victim of crime:	No	
Date and time request was received:	02-Apr-2020 8:24 AM PDT	
First expected date of absence:	01-Apr-2020	
Last expected date of	30-Apr-2020	

Confirm eligibility & entitlement like any other leave case by launching WLI.

•	Keturn to work (None) Worker Comp Claim (Nor	ne) 🛧				
wo	orklist items					
S	iubject onfirm eligibility & entitlement	Worklist Case management	Status	Due date 01-Apr-2020	<u>Action</u> Launch	
C	lick on Next.					- 2
	Confirm aligib	ility 0. antitlament				
7	Confirm eligib	inty & entitlement				Save Next Cancel
	Review the leave date	es being requested			Employee:	
	First expected absence Last expected absence Case manager *	The dates reflected on this screen are the You may choose to change these dates or requested. To change the dates, simply navigate bac 01-Apr-2020 30-Apr-2020 Morales, Lorena	e dates that have b nce you have review k to this screen.	een requested by wed the employee	the employee. 's eligibility profile rel	levant to the original dates

Friendly reminder just like any other leave case. **Do not make any changes to the Work schedule**. Continue to click on next.

ork Schedule		Employee: Garcia, 5
Vork schedule Suggest Revert Add day Delete 29-March-2020 Sun 30-March-2020 Mon 31-March-2020 Tue 1-April-2020 Wed 2-April-2020 Fri 4-April-2020 Sat	0h00 8h00 8h00 8h00 8h00 8h00 0h00	 Ask if the EE work the same days of the week every week. If yes, go to section 1. Ask if they have any kind of recurring schedule. If yes, go to section 2. Ask if they know the average amount of time they are usually scheduled to work every week. If yes, go to section 3. Go to section 4 1 - Create a schedule with 7 days. Ask how much time is usually scheduled for every day on the schedule and populate the time in the appropriate days. 2 - Ask how many days is in their rotation and create a schedule with that many days. Ask how much time they were scheduled to work for every day on the schedule, and populate that time in the appropriate days. For every day the EE reported no scheduled time, ask if the business was closed for a special reason on that day, and if so how much time they would have been scheduled had the business not been closed. Enter that time in the appropriate days. 3 - Create a schedule with 7 days.
lours/week 40.00		Ask if there any days of the week they never get scheduled. Divide the average amount of time they are usually scheduled to work every week by the number of days they could be scheduled to work. This value will represent their average work hours per scheduled day. Populate the days where they could be scheduled to work with their average work

You will go through the wizard like any other leave case. Once you reach Confirm eligibility & entitlement

you will need to add the following policies Family Medical Leave Act and General Employer Emergency Pandemic Leave. Make sure to add only those 2 policies.

onfirm eligibility & entitlement		Save	Previous	Next	Cance
mmary of qualifications	Employe	e:			
irst expected absence Last expected absence 01-Apr-2020 30-Apr-2020	Add policy				
eave policy Remaining Sta entitlement	irt				
enerate entitlement updates 🖉	Emergency Paid Family and Medical Leave Expansion Act				
	Family and Medical Leave Act				
	General Employer Emergency Pandemic Leave				

Note this only applies to leaves effective 04/01/2020

General Employer Emergency Pandemic Leave policy will automatically approve. This is ok. No need to make any changes.

Confirm el	igibility & e	ntitlement			Save	revious Next	Cance
ummary of qu	alifications				Employee:		
irst expected 03-Apr-2020	absence Last ex 30-Apr	xpected absence r-2020	Add policy	v			
Leave policy	Remaining	Start date	End date	Status	Continu	ious	
amily and Medical Leav Act i Eligible: Yes (12 week(s) e	03-Apr-2020	30-Apr-2020	Pending	▼ ♥	×	
General Employer Emergency Pandemic Leave	Unlimited	03-Apr-2020	30-Apr-2020	Approved	•	×	

Submit the wizard.

Confirm eligibility & entitlement	Save Previous Submit Cance
Confirmation	Employee
First expected absence:	01-Apr-2020
Last expected absence:	30-Apr-2020
Case manager:	Morales, Lorena
Extra information:	COVID-19
Average work hours/week:	40.00
Work schedule start date:	29-Mar-2020
Day 1:	0h00
Day 2:	8h00
Day 3:	8h00
Day 4:	8h00
Day 5:	8h00
Day 6:	8h00
Day 7:	0h00
Confirmed:	Yes

Launch the Review Public Health Emergency Documentation WLI.

н.	Print and send: Initial Correspondence	Print and send	On noia	01-Apr-2020	_	
	Review Public Health Emergency documentation	Case management	🔤 To do	16-Apr-2020	Launch	

Please upload one of the following documentations to certify the leave.

		Employee	
Public Health Emerger	ncy documentation		
	Browse		
	Public Health Emerger	Public Health Emergency documentation	Public Health Emergency documentation

- Birth Certificate
- Notice from school/ day care of closure
- Screenshot of dependents from VCHRP

You then select "School Closure due to COVID-19" from the Certifying Authority drop-down menu. To certify the leave, you enter the date range.

Signature date and most recent date will be the date of the first date of leave.

•			U
Review certification		Save	vious Next Cancel
Certification info		Employee:	
Certifying authority *	School/Child Care Closure		
Signature date * Certification start date * Certification end date * Start of continuous period End of continuous period Intermittent Most recent documentation date *	01-Apr-2020		

Select We accept the certification as complete and sufficient

	V	I	œ	?
٦es	Review certifica	ation	Save Previous Next Cancel	
	Review certification		Employee: Garcia,	
	Certification status * Condition type	 This certification form is incomplete or insufficient We require clarification of the provided information Authentication of certification source is required We accept the certification as complete and sufficient 		
				ır

You then select the second box "Might this condition result in an absence of 4 or more consecutive dates? Click on next.

Review certification	Save Previous Next Cancel
Review conditions (check all that apply)	Employee: Fernandez
 Might this condition require hospital or inpatient care? Might this condition result in an absence of 4 or more consecutive da Might this condition result in an absence of less than 4 consecutive da Might this condition result in an absence of less than 4 consecutive da 	ays? Jays but require 2 or more treatments by a certifying authority? Jays but require treatment by a health care professional which
Might this condition require periodic visits for care or treatment by, of Might this condition continue over an extended period of time or invo Might this condition result in a period of incapacity, which is Permane	or under direct supervision of, a certifying authority? olve recurring episodes or occurrences? ent or Long term, for which treatment may not be effective?

Under review certification you select YES.

view certification			Save Previous	Next Cano
ure policy coverage		Employee		
Leave policy	Supports leave request			
amily and Medical Leave Act	Yes	• i		

Review this screen and select Next.

/								θ
Review certif	ication				Save	Previous	Next	Cancel
Absence Schedule					Employee:	-		
Last expected date Anticipated return t System suggested Please enter all you If an absence will b Enter hours as 4 or	of absence * to work date return to work cate ur known dates of at e part of a day (Mis 4:15. Enter minute	30-Apr-2020	Accept	Require a medical Require employer Require employee Require date empl sence. e duration.	release date from a doo authorized return to wo confirmation of return t oyee actually returned	ctor? rk date? to work date to work?	:?	
From	То	Туре	Dur	ation Planned al	bsence			
01-Apr-2020	30-Apr-2020	Full day	•		×			

Go through the wizard like any other leave case and submit.

	ω?					
Review certification	Save Previous Submit Cancel					
Confirmation page	Employee					
	A					
Document to upload:	initialDocumentation.pdf					
Are you missing a document?:	No					
Certifying authority:	2020, School closure due to corona virus					
Signature date:	01-Apr-2020					
Most recent documentation date:	01-Apr-2020					
Certification start date:	01-Apr-2020					
Certification end date:	30-Apr-2020					
Start of continuous period:						
End of continuous period:						
Intermittent:	No					
Certification status:	We accept the certification as complete and sufficient					
Condition type:						

Launch the WLI like any other case

7	1			60
Review certification				Print Close
Workflow status		E	mployee: Fernandez,	
Subject	Due date	Status	Action	
Update leave status	01-Apr-2020	To do	Launch	

Go through the wizard.

Summary of qualifications should appear like the example below. Click Next.

Update leave	status						Next	Cancel
Summary of qualifica	itions				Employee	2		
Start date 01-Apr-20 End date 30-Apr-20	020 020							
Leave policy Re	emaining Ititlement	Start date	End date	Status		Continuous		
Family and 12 Medical Leave Act i Eligible: N/A Cond	week(s) litions met: Y	01-Apr-2020	a 30-Apr-2020	Approved	•			
General Un Employer Emergency Pandemic Leave i Eligible: N/A Cond	limited litions met: N	01-Apr-2020	30-Apr-2020	Approved V				

Click submit once you reach this screen.

	0
Update leave status	Previous Submit Cancel
Confirmation	Employee:
Family and Medical Leave Act - Public Health Emergency Leave:	from 01-Apr-2020 to 30-Apr-2020, Approved,
Family and Medical Leave Act - Public Health Emergency Leave: General Employer Emergency Pandemic Leave - Public Health Emergency:	from 01-Apr-2020 to 30-Apr-2020, Approved, Continuous from 01-Apr-2020 to 30-Apr-2020, Approved, Continuous
Family and Medical Leave Act - Public Health Emergency Leave: General Employer Emergency Pandemic Leave - Public Health Emergency: Estimated entitlement usage starting on:	from 01-Apr-2020 to 30-Apr-2020, Approved, Continuous from 01-Apr-2020 to 30-Apr-2020, Approved, Continuous 16-Jan-2020

Under Proposed/Approved leave the two leave policies below should be approved.

Proposed/Approved leave (2) 🖶			
Applicable policy	Status	Date period began	End date
General Employer Emergency Pandemic Leave - Public Health Emergency	Approved	01-Apr-2020	30-Apr-2020
Family and Medical Leave Act - Public Health Emergency Leave	Approved	01-Apr-2020	30-Apr-2020

Certification type. Certification status. Certification instance. Signature date. Certifying authority. Flare-ups duration. Flare-ups duration. Un

You will need to send EE any correspondence that the system generates.

Please make sure to follow instructions on how to edit Initial correspondence. Initial correspondence must be sent out

School Closure/Day care Only not FMLA Eligible

Request leave

You will select Public Health Emergency under the drop down menu of other reasons.



Next you select Biological child for relationship and enter COVID-19 in the Extra information section.

Request leave		Save Previous Next
eason details		Employee:
Relationship *	Biological child	
	Name *	
	Abraham Bravo	
Extra information		
COVID-19		
Military service		
victim of violence	0	

You enter the date range for leave. All leaves should be effective 04/01/2020.

Request leave	Previous	Can
Request leave	(TEVIOUS) (NEXT	Cane
Case information	Employee:	
Date and time request was received *	-2020 III 12:09 PM V PDT	
First expected date of absence *	-2020	
Last expected date of absence * 30	-2020	
Intermittent leave		
Use accrued paid time off		
Relevant employment profile *		
California >> United States ; No ; SEIU Professional ; N	luman Services Agency ; Community Servi 🔻	
Extra information	Insert template	
COVID-19		
	A	

Make sure to check off Intermittent leave if leave is intermittent.

1				θ	
ies	Request leave	Previous	Next	Cancel	8.
	Case information				
e	Date and time request was received * First expected date of absence * Lest expected date of absence * Use accrued paid time off Relevant employment profile * California >> United States ; No ; SEIU Professional ; No ; Human Services Agency ; Community Servi •				g
	Extra information Insert template				
					k

Make sure that Absence Schedule matches the date range.

	0
Absence schedule	Next Cance
bsence Schedule	Employee:
Last expected date of absence * 30-Apr-2020 Anticipated return to work date 01-May-2020 System suggested return to work date 01-May-2020 A	 Require a medical release date from a doctor? Require employer authorized return to work date? Require employee confirmation of return to work date? Require date employee actually returned to work?
Intermittent	
From To Type 01-Apr-2020 30-Apr-2020 Full day Add row Full day	Durition Planned absence

If leave is an intermittent then you should track hours based on schedule. See example below.

Request leav	/e				Previous	Next	Cance
bsence Schedule							
Last expected date Anticipated return System suggested Please enter all yo If an absence will	e of absence * to work date I return to work da pur known dates of be part of a day (N	30-Apr-2020	 Require a medical release dat Require employer authorized Require employee confirmation Require date employee actual re of absence. absence duration. 	e from a de return to w n of return ly returned	octor? York date? I to work date? I to work?		
Enter nours as 4 0	To	Type	Duration Planned absence				
From			Duration Fluinieu absence				

Please upload any documentation you may have that relates to this leave case.

Request leave			Previous	Next Canc
nbound documentation	n			
Active person *	Morales, Lorena	_ ±		
Correspondence date	02-Apr-2020 8:27 AM	PDT		
Correspondence mod	e			
Correspondence title		_		
Document location				
Documentation file	Click the 'Browse' button	Browse		
Details (required if c	onversation is selected)	to havigate to where the file has been saved		
	Do you want to sign or	prrespondence?		

Run the entire wizard and submit.

	I	6 ?
lequest leave		Previous Submit Cancel
nfirmation page		Employee:
Please note: You are about t verify the accuracy of all info	o click Submit. When you click Submit, a leave request ormation entered here, and click the Previous button to r	will be created and submitted for review. Please make any corrections.
Leave reason:	Public Health Emergency	
Relationship:	Biological child	
Name:	Abraham Bravo	
Military service:	No	
Victim of violence:	No	
Victim of crime:	No	
Date and time request was received:	03-Apr-2020 9:39 AM PDT	
First expected date of absence:	01-Apr-2020	
Last expected date of	30-Apr-2020	

You click on Case number so that the system can direct you back to that particular leave case.

<u> </u>		Ð
Request leave		Print Close
Case number		Employee:
Request for leave has been r This request will be evaluate Case number Leave-5805	recorded. d under all applicable policies.	
Leave reason:	Public Health Emergency	
Relationship:	Biological child	
Name:	Abraham Bravo	
Military service:	No	
Victim of violence:	No	
Victim of crime:	No	
Date and time request was received:	02-Apr-2020 8:24 AM PDT	
First expected date of absence:	01-Apr-2020	
Last expected date of	30-Apr-2020	

Confirm eligibility & Entitlement like any other leave case by launching WLI.

Keturn to work (None) Worker Comp Claim (None)				
worklist items				
Subject Confirm eligibility & entitlement	Worklist Case management	Status To do	Due date 01-Apr-2020	Action Launch

Click Next.

				œ?	
25	Confirm eligibi	lity & entitlement		Save Next Cancel	(
	Review the leave dates	s being requested	Employee:		
	First expected	The dates reflected on this screen are the dates the You may choose to change these dates once you requested. To change the dates, simply navigate back to this	hat have been requested by the employee. have reviewed the employee's eligibility profile rele screen.	want to the original dates	
	absence	01-Apr-2020			
	Last expected absence	30-Apr-2020			
	Case manager *	🔏 Morales, Lorena 🔍 🛨			

Friendly reminder just like any other leave case. **Do not make any changes to the Work schedule**.

ork Schedule		Employee: Garcia,
Vork schedule Suggest Revert Add day Delete 29-March-2020 Sun 30-March-2020 Tue 1-April-2020 Wed 2-April-2020 Thu 3-April-2020 Fri 4-April-2020 Sat	0h00 8h00 8h00 8h00 8h00 8h00 0h00	 Ask if the EE work the same days of the week every week. If yes, go to section 1. Ask if they have any kind of recurring schedule. If yes, go to section 2. Ask if they know the average amount of time they are usually scheduled to work every week. If yes, go to section 3. Go to section 4 1 - Create a schedule with 7 days. Ask how much time is usually scheduled for every day on the schedule and populate the time in the appropriate days. 2 - Ask how many days is in their rotation and create a schedule with that many days. Ask how much time they were scheduled to work for every day on the schedule, and populate that time in the appropriate days. For every day the EE reported no scheduled time, ask if the business was closed for a special reason on that day, and if so how much time they would have been scheduled had the business not been closed. Enter that time in the appropriate days. 3 - Create a schedule with 7 days.
Hours/week 40.00]	ASk if there any days of the week they never get scheduled. Divide the average amount of time they are usually scheduled to work every week by the number of days they could be scheduled to work. This value will represent their average work hours per scheduled day. Populate the days where they could be scheduled to work with their average work

You will go through the wizard like any other leave case. Once you reach Confirm eligibility & entitlement You will select "General Employer Emergency Pandemic Leave".

7					θ
Confirm eligibility & entitlement		Save	Previous	Next	Cance
ummary of qualifications	Employee	:			
First expected absence Last expected absence 01-Apr-2020 30-Apr-2020 Leave policy Remaining entitlement Generate entitlement updates	Add policy	Act			

The system will automatically approve like it does to a personal leave.

confirm eligibility & entitlement	Save Previous Next Car Employee:
irst expected absence Last expected absence Add policy 01-Apr-2020 30-Apr-2020	
eave policy Remaining Start date End date Status	Continuous
entitlement General Unlimited 01-Apr-2020 30-Apr-2020 Approved imergency Pandemic .eave i Eligible: N/A Conditions met: N/A Show	× ×
Senerate entitlement updates 🕢	

Go through the entire wizard and submit. Submit the wizard.

	O
Confirm eligibility & entitlement	Save Previous Submit Cancel
Confirmation	Employee
First expected absence:	01-Apr-2020
Last expected absence:	30-Apr-2020
Case manager:	Morales, Lorena
Extra information:	COVID-19
Average work hours/week:	40.00
Work schedule start date:	29-Mar-2020
Day 1:	0h00
Day 2:	8h00
Day 3:	8h00
Day 4:	8h00
Day 5:	8h00
Day 6:	8h00
Day 7:	0h00
Confirmed:	Yes

You will need to send EE any correspondence that the system generates.

Please make sure to follow instructions on how to edit Initial correspondence. Initial correspondence must be sent out.

Medical- Self FMLA Eligible

Request a leave. Select Medical.

		æ?
che:	Request leave	Next Cancel &
۷	What is the reason for the leave?	Employee:
2	 Medical (Serious Health Condition, Treatment, or appointments) Medical - Work Related (Illness or Injury, Treatment, or Appointments) Pregnancy Bonding/Adoption/Foster care Military exigency 	
	other reasons T	

Select Self/Illness.

ledical / Non Occupational	Employee
Person with medical condition * Self Condition type The condition is the result of:	
Victim of violence	

You enter the date range for leave.

Note: All leaves should have an effective of 04/01/2020 or later.

		-
Request leave	Previous	Canc
Case information	Employee:	
Date and time request was received * First expected date of absence * Last expected date of absence * Intermittent leave Use accrued paid time off Relevant employment profile * California >> United States ; No ; SEIU Professional ; N	-2020 III 12:09 PM PDT -2020 III -2020 III -2020 III Human Services Agency ; Community Servi V	
Extra information	Insert template	
COVID-19		

Make sure to check Intermittent leave if they asked for an intermittent leave.

				0	Α.
Request leave		Previous	Next	Cancel	8
Case information					
Date and time request was received * First expected date of absence * Lost expected date of absence * Intermittent leave Use accrued paid time off Relevant employment profile * California >> United States ; No ; SEIU Profe	02-Apr-2020 II 10:47 AM PDT 01-Apr-2020 II 90 Apr-2020 II ssional ; No ; Human Services Agency ; Community Servi V				94
Extra information	Insert template				

Make sure that Absence Schedule matches the date range.

▼	C C
Absence schedule	Next Cancel
Absence Schedule	Employee:
Last expected date of absence * 30-Apr-2020 Anticipated return to work date 01-May-2020 System suggested return to work date 01-May-2020	 Require a medical release date from a doctor? Require employer authorized return to work date? Require employee confirmation of return to work date? Require date employee actually returned to work?
Intermittent Effective date	
From To Type 01-Apr-2020 II 30-Apr-2020 II Full da Add row	Duration Planned absence

If leave is an intermittent then you should track hours based on schedule. See example below.

equest leave	e				Previous	Next	Canc
osence Schedule							
ast expected date	of absence *	30-Apr-2020	🔲 Require a medical release da	te from a do	ctor?		
nticipated return	to work date	01-May-2020	🕢 Require employer authorized	return to wo	ork date?		
system suggested	return to work date	Accep	t Require employee confirmation	on of return	to work date?		
			Require data ampleuse actua	lly returned	to work?		
			 Require date employee actua 	iny recurried			
Please enter all you	ur known dates of ab	sence and specify the ty	vpe of absence.	iny returned			
Please enter all you f an absence will t inter hours as 4 of	ur known dates of ab be part of a day (Miss 14.15. Enter minutes	sence and specify the ty sed time), then enter the	rpe of absence. e absence duration.	iny recorned			
Please enter all you f an absence will t inter hours as 4 or From	ur known dates of ab be part of a day (Miss 14.13. Enter minutes To	sence and specify the ty sed time), then enter the as 15m. Type	pe of absence. e absence duration.	iny recorned			
Please enter all you f an absence will b inter hours as 4 or From Add row	ur known dates of ab be part of a day (Miss 14.13. Enter minutes To	sence and specify the ty sed time), then enter the s as 13m. Type	pe of absence. e absence duration. Duration Planned absence	iny recorded			
Please enter all you f an absence will t inter hours as 4 of From Add row 01-Apr-2020	ur known dates of ab be part of a day (Miss 1.15. Enter minutes To 30-Apr-2020	sence and specify the ty sed time), then enter the as 15m. Type Missed time	vpe of absence. e absence duration. Duration Planned absence	×			
Please enter all you f an absence will b inter hours as 4 of From Add row 01-Apr-2020	ur known dates of ab be part of a day (Miss 4.13. Enter minutes To <u>30-Apr-2020</u>	sence and specify the ty sed time), then enter the as 15m. Type Missed time	vpe of absence. e absence duration. Duration Planned absence 3h	N I			
Please enter all you f an absence will b inter hours as 4 of From Add row 01-Apr-2020	ur known dates of ab be part of a day (Miss 19.13. Enter minutes To 30-Apr-2020	sence and specify the ty sed time), then enter the as 15m. Type Missed time	vequire date employee actual pe of absence. e absence duration. Duration Planned absence 3h	×			

Please upload any documentations you may have that relates to this leave case.

Request leave			Previous	Next Cancel
nbound documentatio	n			
Active person *	Morales, Lorena	•		
Correspondence date	02-Apr-2020 8:27 AM	PDT		
Correspondence mod	e			
Correspondence title				
Document location				
Documentation file		Browse		
Details (required if co	Click the 'Browse' button nversation is selected)	to navigate to where the file has been saved		
2				

Run the entire wizard in its entirely and submit.

Request leave		Previous Submit Can
onfirmation page		Employee:
Please note: You are about to cli verify the accuracy of all informa	ck Submit. When you click Submit, a leave request will tion entered here, and click the Previous button to mal	be created and submitted for review. Please ke any corrections.
Leave reason:	Medical (Serious Health Condition, Treatment, o	or appointments)
Person with medical condition:	Self	
Condition type:	Illness	
Military service:	No	
Victim of violence:	No	
Victim of crime:	No	
Date and time request was received:	02-Apr-2020 10:22 AM PDT	
First expected date of absence:	01-Apr-2020	
Last expected date of absence:	30-Apr-2020	
Intermittent leave:	No	
Use accrued naid time off-	No	

You click on Case number so that the system can direct you back to that particular leave case.

7			Θ
Request leave		Print	Close
ase number		Employee:	
Request for leave has been recor This request wil be evaluated u Case number: Leave-5809	ded. der all applicable policies.		
Leave reason:	Medical (Serious Health Condition, Treatment, or appointments)		
Person with medical condition:	Self		
Condition type:	Illness		
Military service:	No		
Victim of violence:	No		
Victim of crime:	No		
Date and time request was received:	02-Apr-2020 10:22 AM PDT		
First expected date of absence:	01-Apr-2020		
Last expected date of absence:	30-Apr-2020		

Confirm eligibility & Entitlement like any other leave case by launching WLI.

Worker Comp Claim (None)				
worklist items				
Subject Confirm eligibility & entitlement	Worklist Case management	Status To do	Due date 01-Apr-2020	Launch

Click Next.

1	•				∞ ?
25	Confirm eligib	ility & entitlement			Save Next Cancel
	Review the leave date	es being requested		Employee:	
	First expected absence Last expected absence Case manager *	The dates reflected on this screen a You may choose to change these da requested. To change the dates, simply navigat 01-Apr-2020 30-Apr-2020 Morales, Lorena	re the dates that have been re ites once you have reviewed th te back to this screen.	quested by the employee. ie employee's eligibility profile re	elevant to the original dates

Friendly reminder just like any other leave case. **Do not make any changes to the Work schedule**.

ork Schedule		Employee: Garcia,
Work schedule Suggest Revert Add day Delete 29-March-2020 Sun 30-March-2020 Tue 1-April-2020 Wed 2-April-2020 Thu 3-April-2020 Fri 4-April-2020 Sat	0h00 8h00 8h00 8h00 8h00 8h00 0h00	 Ask if the EE work the same days of the week every week. If yes, go to section 1. Ask if they have any kind of recurring schedule. If yes, go to section 2. Ask if they know the average amount of time they are usually scheduled to work every week. If yes, go to section 3. Gc to section 4 1- Create a schedule with 7 days. Ask how much time is usually scheduled for every day on the schedule and populate the time in the appropriate days. 2- Ask how many days is in their rotation and create a schedule with that many days. Ask how much time they were scheduled to work for every day on the schedule, and populate that time in the appropriate days. For every day the EE reported no scheduled time, ask if the business was closed for a special reason on that day, and if so how much time they would have been scheduled to work the time in the appropriate days.
Hours/week 40.00]	Ask if there any days of the week they never get scheduled. Divide the average amount of time they are usually scheduled to work every week by the number of days they could be scheduled to work. This value will represent their average work hours per scheduled day. Populate the days where they could be scheduled to work with their average work

Run through wizard when you reach the following screen make sure to select YES and click on next.

Qualifying questions Employee: 1 - Emergency Paid Sick Leave Act Image: Complex	
1 - Emergency Paid Sick Leave Act	
Is this employee's medical condition a result of COVID-19? Yes No Cover State Stat	

Go through wizard once you reach the policy grid you will need to also add "General Employer Emergency Leave".

▼			θ
Confirm eligibility & entitlement	s	ave Previous Next	Cance
Summary of qualifications	Employee:		
First expected absence Last expected absence 01-Apr-2020 30-Apr-2020	Add policy		
Leave policy Remaining Start date entitlement Family and 12 week(s) 01-Apr-2020 Medical Leave Act i Eligible: Yes Conditions met: No Show CA Family 12 week(s) 01-Apr-2020 Rights Act i Eligible: Yes Conditions met: No Show Generate entitlement updates	CA Reasonable Accommodation COV Absence Without Approval policy COV Medical Modified Schedule COV Pending Non-service Connected Disability Retiremen COV Personal Leave	Continuous ℤ t	
	General Employer Emergency Pandemic Leave		

Policy grid should appear like example below after adding the "General Employer Emergency Leave".

Confirm e	ligibility & e	entitlement			S	ave Previous	Next	C
Summary of qu	alifications				Employee:			
First expected	absence Last e	xpected absence xr-2020	Add policy					
Leave policy	Remaining	Start date	End date	Status		Continuous		
Family and Medical Leav Act i Eligible: Yes	12 week(s) /e Conditions met:	01-Apr-2020	30-Apr-2020	Pending	T			
CA Family Rights Act	12 week(s) i Conditions met:	01-Apr-2020 No Show	30-Apr-2020	Pending	T			
Eligible: Yes				1-4			- 10	

Run the wizard and submit.

7	0
Confirm eligibility & entitlement	Save Previous Submit Cancel
Confirmation	Employee: Garcia, Francine Case: Leave-5809
	í l
First expected absence:	01-Apr-2020
Last expected absence:	30-Apr-2020
Case manager:	Morales, Lorena
Certifying authority (if known):	
Extra information:	
Average work hours/week:	40.00
Work schedule start date:	29-Mar-2020
Day 1:	0h00
Day 2:	8h00
Day 3:	8h00
Day 4:	8h00
Day 5:	8h00
Day 6:	8h00
Day 7:	OhOO
Confirmed:	Yes

You will need to provide EE with any correspondence that the system generates

Please make sure to follow instructions on how to edit Initial correspondence. Initial correspondence must be sent out.

worklist items					
Subject	Worklist	Status	Due date	Action	
Print and send: Initial Correspondence	Print and send	🔄 To do	02-Apr-2020	Launch	
Review CA HCP medical certification for Self	Case management	🔤 To do	17-Apr-2020	Launch	

You will need to certify this leave like any regular FMLA/CFRA leave. Make sure to obtain a medical note from EE.

worknist items					
Subject	Worklist	Status	Due date	Action	
Print and send: Initial Correspondence	Print and send	To do	02-Apr-2020	Launch	
Review CA HCP medical certification for Self	Case management	🔤 To do	17-Apr-2020	Launch	

You will need to upload Drs note or an FEHC cert.

eview certification				Save Next Ca
elect documentation			Employee:	
Correspondence(s) Supporting document	Public Health Emerg	ency documentation	•	
Document to upload		Browse		
are you missing a document	?			

You select the Dr from the Certifying Authority drop-down menu.

To certify the leave, you enter the date range.

Signature date and most recent date will be the signature date of the Drs note.

leview certification		Save Previous Next Canc
ertification info		Employee:
Certifying authority *	Antonio-Frias, Carlos	
Signature date *	01-Apr-2020	
Certification start date "	01-Apr-2020	
erritication end date	30-Api-2020	
Start of continuous period		
Start of continuous period End of continuous period		

Select We accept the certification as complete and sufficient.

V		0
Review c	ertification	Save Previous Next Cancel
Review certific	cation	Employee: (
Certification	status This certification form is incomplete or insufficient We require clarification of the provided information Authentication of certification source is required	7
Condition typ	We accept the certification as complete and sufficient De Illness	

You select the second box "Might this condition result in an absence of 4 or more consecutive dates? Click on next.

R	ev	view certification	Save Previous Next Cancel
Re	evie	w conditions (check all that apply)	Employee: Fernandez
_	'n	Might this condition require hospital or inpatient care?	
6	1	Might this condition result in an absence of 4 or more consecutive days?	
1		Might this condition result in an absence of less than 4 consecutive days but requ	uire 2 or more treatments by a certifying authority?
0		Might this condition result in an absence of less than 4 consecutive days but required requires subsequent supervision by a certifying authority?	uire treatment by a health care professional which
1		Might this condition require periodic visits for care or treatment by, or under dire	ct supervision of, a certifying authority?
-		Might this condition continue over an extended period of time or involve recurring	g episodes or occurrences?
1		Might this condition result in a period of incapacity, which is Permanent or Long t	erm, for which treatment may not be effective?

Under review certification you select YES.

Review certification			Sav	e Previous	Next	Car
Capture policy coverage			Employee:			
Leave policy	Supports leave request	- 1				
CA Family Rights Act	Yes	• •				
			_			

Review this screen and select Next.

							Ð
Review certifie	cation			Save	Previous	Next	Cancel
bsence Schedule				Employe	e:		in the second
Last expected date of Anticipated return to System suggested ro Please enter all your If an absence will be Enter hours as 4 or	of absence * o work date eturn to work da eturn to work da s part of a day (N 4:15. Enter minu	30-Apr-2020 01-May-2020 te 01-May-2020 absence and specify th tissed time), then enter thes as 15m.	Require a medical rele Require employer auth Require employee cont Require date employee Require date employee to type of absence.	ase date from a norized return to firmation of retur e actually returne	doctor? work date? n to work dat ed to work?	te?	
From	То	Туре	Duration Planned abser	nce			
01-407-2020	30-Apr-2020	Full day	▼	×			

Go through the wizard like any other leave case and submit.

V	© 7
Review certification	Save Previous Submit Cancel
Confirmation page	Employee:
Document to upload:	initialDocumentation.pdf
Are you missing a document?:	No
Certifying authority:	Antonio-Frias, Carlos
Signature date:	01-Apr-2020
Most recent documentation date:	01-Apr-2020
Certification start date:	01-Apr-2020
Certification end date:	30-Apr-2020
Start of continuous period:	
End of continuous period:	
Intermittent:	No
Certification status:	We accept the certification as complete and sufficient
Condition type:	Illness
Might this condition result in an absence of 4 or more	Yes
consecutive days?:	
Family and Medical Leave Act:	Supports leave request

Launch the WLI like any other case.

Review certification				Print Clos
Vorkflow status		E	mployee: Fernandez,	
Subject	Due date	Status	Action	
Update leave status	01-Apr-2020	🗌 To do	Launch	

Go through the wizard. Once you are on Update leave status, you verify that all policies have been approved.

pdate leave status				Next	Cancel
mmary of qualifications			Employee:		
itart date 01-Apr-2020 ind date 30-Apr-2020					
eave policy Remaining	Start date En	d date Status	(Continuous	
amily and 12 week(s) Aedical Leave Act i	01-Apr-2020	0-Apr-2020 Approved	T	Z	
ligible: N/A Conditions met:	Yes Show				
Idigible: N/A Conditions met: CA Family 12 week(s) Rights Act i Idigible: N/A Conditions met:	Yes Show 01-Apr-2020 Yes Show 3	0-Apr-2020 Approved	•	Z	
digible: N/A Conditions met: A Family 12 week(s) tights Act digible: N/A Conditions met: Seneral Unlimited mployer mergency Pandemic eave	Yes Show 01-Apr-2020 III 3 Yes Show 3 01-Apr-2020 III 3	0-Apr-2020 Approved	•	2	

Go through wizard and submit.

Jpdate leave status	Previou: Submit	Cancel
Confirmation	Employee	
Family and Medical Leave Act - Medical Non-Work Related for Self:	from 01-Apr-2020 to 30-Apr-2020, Approved, Continuous	
CA Family Rights Act - Standard Ventura:	from 01-Apr-2020 to 30-Apr-2020, Approved, Continuous	
General Employer Emergency Pandemic Leave - Emergency Pandemic Leave - Medical for Self:	from 01-Apr-2020 to 30-Apr-2020, Approved, Continuous	
Estimated entitlement usage starting on:	16-Jan-2020	
Generate correspondence		

Case should change from pending status to Approved

Ive Status: Approved e of request: Apr 02, 2020 ationship: Self e owner: Morales, Lorena ' by Type Expand all Collapse all Eligibilities (2) Calculated:01-Apr-2020 Calculated:01-Apr-2020	Category: Continuous Start date: April 01, 2020 End date: April 30, 2020 Use paid time off: false		Leave Reason: Me or appointments) Return to work d RTW Status: Unco Condition is resu	edical (Serio late: May 0: onfirmed It of milita	ous Health Condition, Trea 1, 2020 I ry service: f alse	atment,
Correspondence (3) +	Status	Modele	f correction dance		Date of corre	coordonco
Leave determination notice	Pending Generation	Mode of	correspondence		02-Apr-2020 10	A3 AM PDT
Case related documentation	Penaling Generation	Unload			02-Apr-2020 10	41 AM PDT
Case related documentation	Received	opioad			02-Apr-2020 10	141 AM PUT
Initial Correspondence	to be sent				02-Apr-2020 10	:29 AM PD1
Proposed/Approved leave (3) +				<i></i>		
Applicable policy				Status	Date period began	End date
General Employer Emergency Pandemic Leav	/e - Emergency Pandemic Leave - Medica	al for Self		Approved	01-Apr-2020	30-Apr-2020
CA Family Rights Act - Standard Ventura				Approved	01-Apr-2020	30-Apr-2020
Family and Medical Leave Act - Medical Non-)	Work Belated for Salf			0	01 Apr 2020	20 Apr 2020

Make sure to send out any correspondence that generate.

Please make sure to follow instructions on how to edit Initial correspondence. Initial correspondence must be sent out.

Medical-Self Non FMLA Eligible

Request a leave Select Medical

-		
rches	Request leave	Next Cancel & C
	What is the reason for the leave?	Employee:
#	Medical (Serious Health Condition, Treatment, or appointments)	
	Medical - Work Related (Illness or Injury, Treatment, or Appointments)	
	Pregnancy	
	Bonding/Adoption/Foster care	
	Military exigency	
	other reasons	

Self/Illness

quest leave		Previous
l / Non Occupational		Employee
on with medical condition dition type condition is the result of:	Self Illness	
n of violence		
im of crime		

You enter the date range for leave

Note: All leaves should have an effective of 04/01/2020 or later.

			Θ
	Previous	Next	Cance
	Employee:		
01-Apr-2020			
ofessional ; No ; Human Services Agency ; Community Servi ▼ Insert template			
	01-Apr-2020 ■ 12:09 PM ▼ PDT 01-Apr-2020 ■ 30-Apr-2020 ■ ofessional ; No ; Human Services Agency ; Community Servi ▼ Insert template	Previous Employee: 01-Apr-2020 III 12:09 PM PDT 01-Apr-2020 IIII 30-Apr-2020 IIII ofessional ; No ; Human Services Agency ; Community Servi V Insert template	Previous Next Employee: O1-Apr-2020 III 12:09 PM V PDT O1-Apr-2020 III O-Apr-2020 III O-Ap

Make sure to check Intermittent leave if they asked for an intermittent leave.

Deguest lesus		Braulaura	(Marine)	Gammal
Request leave		Previous	Next	Cancel
Case information				
Date and time request was received *	02-Apr-2020 10:47 AM PDT			
First expected date of absence *	01-Apr-2020			
Last expected date of absence *	00 Ap r-2020 ■			
Intermittent leave				
Use accrued paid time off				
Relevant employment profile *				
California >> United States ; No ; SEIU Profe	essional ; No ; Human Services Agency ; Community Servi 🔻			
Extra information	Insert template			

Make sure that Absence Schedule matches the date range.

V					θ
Absence schedule				Next	ancel
Absence Schedule		Empl	oyee:		
Last expected date of absence * Anticipated return to work date System suggested return to work d	30-Apr-2020	 Require a medical release date Require employer authorized r Require employee confirmation Require date employee actual 	e from a doctor? eturn to work date? n of return to work date? y returned to work?		Î
Intermittent					
From To	Туре	Duration Planned absence			
Add row	Full day	▼			

If leave is an intermittent then you should track hours based on schedule. See example below

						_	_
equest leave	2				Previous	Next	Cance
bsence Schedule							
ast expected date	of absence *	30-Apr-2020	📄 Require a medical release da	te from a doc	tor?		
nticipated return t	o work date	01-May-2020	🕢 Require employer authorized	return to wor	rk date?		
system suggested i	return to work date	Accent	Require employee confirmati	on of return to	o work date?		
		Ассерс	Beaulas data amalaura actus	U	e une di D		
			Require date employee actua	iny recurried o	O WOIK!		
Please enter all you If an absence will b Enter hours as 4 or	r known dates of ab e part of a day (Miss 4.13. Enter minutes	sence and specify the typ sed time), then enter the s as 15m.	e of absence. absence duration.	_			
Please enter all you If an absence will b Enter hours as 4 or From	r known dates of ab e part of a day (Miss 4.13. Enter minutes To	sence and specify the typ sed time), then enter the s as 13m. Type	e of absence. absence duration. Duration Planned absence				
Please enter all you If an absence will b Enter hours as 4 or From Add row	r known dates of ab e part of a day (Miss 4.13. Enter minutes To	sence and specify the typ sed time), then enter the s as 13m. Type	be of absence. absence duration. Duration Planned absence				
Please enter all you if an absence will b enter hours as 4 or From Add row 01-Apr-2020	r known dates of ab e part of a day (Miss 4.13. Enter minutes To 30-Apr-2020	sence and specify the typ sed time), then enter the s as 13m. Type Missed time	e of absence. absence duration. Duration Planned absence 3h	×			
Please enter all you if an absence will b Enter hours as 4 or From Add row 01-Apr-2020	r known dates of ab e part of a day (Miss 4:15: Enter minute: To 30-Apr-2020	sence and specify the typ sed time), then enter the s as 10m. Type Missed time	ve of absence. absence duration. Duration Planned absence	8			
Please enter all you f an absence will b enter hours as 4 or From Add row 01-Apr-2020	r known dates of ab e part of a day (Miss 4.13. Enter minutes To 30-Apr-2020	sence and specify the typ sed time), then enter the s as 10m. Type Missed time	e of absence. absence duration. Duration Planned absence 3h	×			

Please upload any documentation you may have that relates to this leave case.

Request leave			Previous	Next Cancel
nbound documentation	on			
Active person *	Morales, Lorena	+		
Correspondence date	02-Apr-2020 8:27 AM	PDT		
Correspondence mod	le			
Correspondence title				
Document location				
Documentation file		Browse		
Details (required if c	Click the 'Browse' button onversation is selected)	to navigate to where the file has been saved		
L				

Run to the entire wizard and submit.

and the second				
equest leave		Previous	Submit	Cance
nfirmation page		Emplo	yee:	
Please note: You are about to cli verify the accuracy of all informa	k Submit. When you click Submit, a leave reque tion entered here, and click the Previous button	est will be created and submitted for rev to make any corrections.	riew. Please	
Leave reason:	Medical (Serious Health Condition, Treatm	ent, or appointments)		
Person with medical condition:	Self			
Condition type:	Illness			
Military service:	No			
Victim of violence:	No			
Victim of crime:	No			
Date and time request was received:	02-Apr-2020 10:22 AM PDT			
First expected date of absence:	01-Apr-2020			
Last expected date of absence:	30-Apr-2020			
Intermittent leave:	No			
Use accrued naid time off:	No			

You click on Case number so that the system can direct you back to that particular leave case.

•			θ
Request leave		Print	Close
Case number		Employee:	
Request for leave has been recor This request wil be evaluated u Case number: Leave-5809	ded. Ider all applicable policies.		
Leave reason:	Medical (Serious Health Condition, Treatment, or appointments)		
Person with medical condition:	Self		
Condition type:	Illness		
Military service:	No		
Victim of violence:	No		
Victim of crime:	No		
Date and time request was received:	02-Apr-2020 10:22 AM PDT		
First expected date of absence:	01-Apr-2020		
Last expected date of absence:	30-Apr-2020		

Confirm eligibility & Entitlement like any other leave case by launching WLI.

Keturn to work (None) Worker Comp Claim (None) +				
vorklist items				
Subject Confirm eligibility & entitlement	Worklist Case management	Status To do	Due date 01-Apr-2020	Launch
Click on Next.

1			• ?
25	Confirm eligibi	lity & entitlement	Save Next Cancel
	Review the leave date	s being requested	Employee:
	First expected absence Last expected absence Case manager *	The dates reflected on this screen are the dates that ha You may choose to change these dates once you have r requested. To change the dates, simply navigate back to this scree 01-Apr-2020 30-Apr-2020 Morales, Lorena	ve been requested by the employee. eviewed the employee's eligibility profile relevant to the original dates n.

Friendly reminder just like any other leave case. Do not make any changes to the Work schedule.

lork Schedule		Employee: Garcia
Work schedule Suggest Revert Add day Delete 29-March-2020 Sun 30-March-2020 Mon	0h00 8h00	Ask if the EE work the same days of the week every week. If yes, go to section 1. Ask if they have any kind of recurring schedule. If yes, go to section 2. Ask if they know the average amount of time they are usually scheduled to work every week. If yes, go to section 3. Go to section 4
31-March-2020 Tue 1-April-2020 Wed	8h00 8h00	 Create a schedule with 7 days. Ask how much time is usually scheduled for every day on the schedule and populate the time in the appropriate days.
2-April-2020 Thu 3-April-2020 Fri	8h00 8h00	2- Ask how many days is in their rotation and create a schedule with that many days. Ask how much time they were scheduled to work for every day on the schedule, and populate that time in the appropriate days. For every day the EE reported no scheduled time, ask if the business
4-April-2020 Sat Oh00		was closed for a special reason on that day, and if so how much time they would have been scheduled had the business not been closed. Enter that time in the appropriate days. 3- Create a schedule with 7 days.
Hours/week 40.00		Ask if there any days of the week they never get scheduled. Divide the average amount of time they are usually scheduled to work every week by the number of days they could be scheduled to work. This value will represent their average work hours per scheduled day. Populate the days where they could be scheduled to work with their average work

Run through wizard when you reach the following screen make sure to select YES and click on next

Confirm eligibility & entitlement	Save	Previous Ne	ext Cance
Qualifying questions	Employee:		
1 - Emergency Paid Sick Leave Act	1		
Is this employee's medical condition a result of COVID-19?			
2 - General Employer Emergency Pandemic Leave			
Is this employee's medical condition as a result of COVID-19? $\begin{array}{c} \bullet & \bullet & \bullet \\ \bullet & \bullet & \bullet \\ \bullet & \bullet & \bullet \\ \bullet & \bullet &$			

Presagia will notify you when an EE is not eligible for FMLA/CFRA. Please see example below.

ominine engibility	& entitlement			Save	evious Next	Cano
ummary of qualifications			E	mployee		
First expected absence L 01-Apr-2020	ast expected absence 30-Apr-2020	Add policy	¥			
Leave policy Remain entitlen	ing Start date	End date	Status	Continue	ous	
Family and 12 week(Medical Leave Act i Eligible: No Conditions m Please explain all reasons	s) 01-Apr-2020	30-Apr-2020	Denied - Not eligible	V V		
Employee is required to h hour(s) between 16-Jan-2 to be 1,123 on first day o	ave a minimum of 1, 2019 and 15-Jan-2020 f leave, 01-Apr-2020	250 worked hour(s 0. Using the currer . The actual hour(s) in the past 1 year(s). Record it work schedule, we estimate) and eligibility will be verified	s indicate 994 the worked hours on the first day of		
CA Family 12 week(Rights Act i Eligible: No Conditions m Please explain all reasons	s) 01-Apr-2020 et: No Show for overriding the cur	Tent recommendat	Denied - Not eligible	•]	
Employee is required to h	ave a minimum of 1,2 2019 and 15-Jan-2020	250 worked hour(s 0. Using the currer) in the past 1 year(s). Record t work schedule, we estimate	s indicate 994		

You will add "General Employer Emergency Pandemic Leave" Policy to the case.

Confirm eligibility & entitlement	Se	ave Previous Next Cancel
summary of qualifications	Employee: Co	olmenares,
First expected absence Last expected absence Ad 01-Apr-2020 30-Apr-2020	Id policy	
Leave policy Remaining Start date		Continuous
Family and 12 week(s) 01-Apr-2020 C Medical Leave Act Eligible: No Conditions met: No Show Please explain all reasons for overriding the curre C	CA Reasonable Accommodation COV Absence Without Approval policy COV Pending Non-service Connected Disability Retirement	2
Employee is required to have a minimum of 1,25 hour(s) between 16-Jan-2019 and 15-Jan-2020. T to be 1,123 on first day of leave, 01-Apr-2020. T	COV Personal Leave Emergency Paid Sick Leave Act	4 ours ay of
CA Family 12 week(s) 01-Apr-2020 Rights Act i Eligible: No Conditions met: No Show Please explain all reasons for overriding the current	Seneral Employer Emergency Pandemic Leave	2

The System will add the policy and auto approve the leave.

onfirm elig	jibility & e	ntitlement				Save	Previous	Next	Cance
immary of quali	ifications				Employe	ee:			
eave policy	Remaining entitlement	Start date	End date	Status		Con	tinuous		
amily and Aedical Leave Act i ligible: No Cor lease explain al	12 week(s) nditions met: No	01-Apr-2020	30-Apr-2020	Denied - Not e	ligible	•			
Employee is req nour(s) betweer to be 1,123 on f	uired to have a n 16-Jan-2019 a first day of leave	minimum of 1,25 nd 15-Jan-2020. e, 01-Apr-2020. T	0 worked hour(s Using the currer he actual hour(s	 in the past 1 year t work schedule, w and eligibility will 	(s). Records indicate estimate the work be verified on the	ate 994 rked hours first day o	÷ f //		
CA Family Rights Act i ligible: No Con lease explain al	12 week(s) nditions met: No	01-Apr-2020	30-Apr-2020	Denied - Not et	ligible	•			
Employee is req nour(s) between to be 1,123 on f	uired to have a n 16-Jan-2019 a first day of leave	minimum of 1,25 nd 15-Jan-2020. e, 01-Apr-2020. T	0 worked hour(s Using the currer he actual hour(s	 in the past 1 year t work schedule, w and eligibility will 	(s). Records indica e estimate the wo be verified on the	ate 994 rked hours first day o	÷ ▼ of		
General Imployer Imergency Pandemic eave	Unlimited	01-Apr-2020	30-Apr-2020	Approved		•	8		

Run wizard and click on submit.

V	œ
Confirm eligibility & entitlement	Save Previous Submit Cancel
Confirmation	Employee
First expected absence:	01-Apr-2020
Last expected absence:	30-Apr-2020
Case manager:	Morales, Lorena
Certifying authority (if known):	
Extra information:	
Average work hours/week:	40.00
Work schedule start date:	29-Mar-2020
Day 1:	0h00
Day 2:	8h00
Day 3:	8h00
Day 4:	8h00
Day 5:	8h00
Day 6:	0600

You will need to upload the medical cert provided by EE and make sure to send the Initial correspondence.

Please make sure to follow instructions on how to edit Initial correspondence. Initial correspondence must be sent out.

Family-Medical FMLA Eligible

Request a leave. Select Medical.

-	V. Contraction of the second se	© ?	
rches	Request leave	Next Cancel 8	. (
	What is the reason for the leave?	Employee:	
*	 Medical (Serious Health Condition, Treatment, or appointments) Medical - Work Related (Illness or Injury, Treatment, or Appointments) Pregnancy Bonding/Adoption/Foster care Military evigency 		
	other reasons T		

Qualifying family member/Illness- like any other Family care leave.

1	V		o ?
25	Request leave		Previous Next Cancel
	Medical / Non Occupational		Employee:
	Person with medical condition *	Biological child Name * Abraham Bravo	
	Condition type	Illness 🔻	
	The condition is the resul: of: Military service		
	Victim of violence		
	Victim of crime	0	

You enter the date range for leave.

Note: All leaves should have an effective of 04/01/2020 or later.

Request leave		Previous	Next	Cano
Case information		Employee:		
Date and time request was received * First expected date of absence * Last expected date of absence * Intermittent leave Use accrued paid time off Relevant employment profile * California >> United States ; No ; SEIU Professional ; No ; Human Services Age	PM 💌 PDT ency ; Community Servi 🔻			
Extra information	Insert template			
COVID-19				

Make sure to check Intermittent leave if they asked for an intermittent leave.

			θ
	Previous	Next	Cancel
02-Apr-2020 II 10:47 AM PDT 01-Apr-2020 II 90 Apr-2020 II V essional ; No ; Human Services Agency ; Community Servi V			
Insert template			
	02-Apr-2020 II 10:47 AM V PDT 01-Apr-2020 II V essional ; No ; Human Services Agency ; Community Servi V Insert template	Previous 02-Apr-2020 III 10:47 AM V PDT 01-Apr-2020 III 00-Apr-2020 III essional ; No ; Human Services Agency ; Community Servi V Insert template	Previous Next 02-Apr-2020 01-Apr-2020 0-Apr-2020 essional ; No ; Human Services Agency ; Community Servi Insert template

Make sure that Absence Schedule matches the date range.

		θ
Absence schedule		Next Cance
Absence Schedule	Employee:	
Last expected date of absence * 30-Apr-2020 Anticipated return to work date 01-May-2020 System suggested return to work date 01-May-2020 Accept	 Require a medical release date from a doctor? Require employer authorized return to work date? Require employee confirmation of return to work date Require date employee actually returned to work? 	17
Intermittent Effective date		
From To Type 01-Apr-2020 30-Apr-2020 Full day Add row Full day	Duration Planned absence	

If leave is an intermittent then you should track hours based on schedule. See example below

							<u> </u>
Request lea	ve				Previous	Next	Canc
bsence Schedule	e						
Last expected da	ate of absence *	30-Apr-2020	🔲 Require a medical release da	te from a doc	tor?		
Anticipated retur	rn to work date	01-May-2020	🖌 Require employer authorized	return to wor	rk date?		
System suggeste	ed return to work date	Accept	🖉 Require employee confirmation	on of return to	o work date?		
			Require date employee actua	lly returned to	o work?		
Please enter all y	your known dates of al III be part of a day (Mis	bsence and specify the types sed time), then enter the	be of absence. absence duration.				
Enter hours as 4	or 4.15. Enter minute	5 d5 1JIII.					
Enter hours as 4 From	To	Туре	Duration Planned absence				
Enter hours as 4 From Add row	To	Туре	Duration Planned absence				
Enter hours as 4 From Add row 01-Apr-2020	To	Type Missed time	Duration Planned absence	×			
From Add row 01-Apr-2020	To 30-Apr-2020	Type Missed time	Duration Planned absence	×			
From Add row 01-Apr-2020	To 30-Apr-2020	Type Missed time	Duration Planned absence	×			
Add row	To To 30-Apr-2020	Type Missed time	Duration Planned absence	×			

Please upload any documentation you may have that relates to this leave case.

T

requestiteure		(revious) (r	concer
nbound documentation			
Active person *	Morales, Lorena +		
Correspondence date	02-Apr-2020 8:27 AM PDT		
Correspondence mode			
Correspondence title			
Document location			
Documentation file	Browse		
	Click the 'Browse' button to navigate to where the file has been saved		
Details (required if con	versation is selected)		
	Do you want to sign correspondence?		

Run to the entire wizard and submit.

			Ð
Request leave		Save Previous Submit Cane	cel
Confirmation page		Employee	
Please note: You are about t verify the accuracy of all info	o click Submit. When you click Submit, a leave request will be created ormation entered here, and click the Previous button to make any corre	and submitted for review. Please ections.	Â
Leave reason:	Medical (Serious Health Condition, Treatment, or appointment	ts)	
Person with medical condition:	Biological child		
Name:	Abraham Bravo		
Condition type:	Illness		
Military service:	No		
Victim of violence:	No		
Victim of crime:	No		
Date and time request was received:	02-Apr-2020 10:47 AM PDT		
First expected date of absence:	01-Apr-2020		
Last expected date of	30-Apr-2020		

You click on Case number so that the system can direct you back to that particular leave case.

				© ?
Request leave			Print	Close
Case number		Employee:		
Request for leave has been r This request will be evaluated Case number: Leave-5810	ecorded. d under all applicable policies.			Î
Leave reason:	Medical (Serious Health Condition, Treatment, or appointments)			
Person with medical condition:	Biological child			
Name:	Abraham Bravo			
Condition type:	Illness			
Military service:	No			
Victim of violence:	No			
Victim of crime:	No			
Date and time request was	02-Apr-2020 10:47 AM PDT			

Confirm eligibility & Entitlement like any other leave case by launching WLI.



Click on Next.

		co ?
Confirm eligib	ility & entitlement	Save Next Cancel
Review the leave dat	es being requested	Employee:
First expected absence Last expected absence Case manager *	The dates reflected on this screen are the dates that I You may choose to change these dates once you have requested. To change the dates, simply navigate back to this screen 01-Apr-2020	nave been requested by the employee. reviewed the employee's eligibility profile relevant to the original dates ten.

Friendly reminder just like any other leave case. **Do not make any changes to the Work schedule**.

Confirm eligibi	lity & er	ntitlement	Save	Previous	Next	Cancel
/ork Schedule		1	Employee: Gar	cia,		:
Work schedule Suggest Revert Add day Delete 29-March-2020 Sun 30-March-2020 Mon 31-March-2020 Tue 1-April-2020 Wed 2-April-2020 Thu 3-April-2020 Fri 4-April-2020 Sat	0h00 8h00 8h00 8h00 8h00 0h00	Ask if the EE work the same days of the week every week. If Ask if they have any kind of recurring schedule. If yes, go to a Ask if they know the average amount of time they are usually go to section 3. Gc to section 4 1- Create a schedule with 7 days. Ask how much time is usually scheduled for every day on the appropriate days. 2- Ask how many days is in their rotation and create a schedul Ask how much time they were scheduled to work for every day time in the appropriate days. For every day the EE reported n was closed for a special reason on that day, and if so how mu scheduled had the business not been closed. Enter that time i 3- Create a schedule with 7 days. Ask if there any days of the week they never get scheduled. Divide the average amount of time they are usually scheduled.	yes, go to sect section 2. r scheduled to schedule and ule with that m ay on the sched to scheduled ti ch time they w in the appropri	tion 1. work every w populate the nany days. dule, and poj me, ask if th yould have b iate days.	week. If time in pulate th e busine een	yes, the at ss
Hours/week 40.00		days they could be scheduled to work. This value will represe scheduled day. Populate the days where they could be schedu hours per scheduled day.	nt their averag led to work wi	e work hour th their aver	s per age worl	k

Run through wizard when you reach the following screen make sure to select YES and click on next.

Employees			
Employee.		_	
sult of COVID-19? 🖲 Yes	O No		
	_		
🖲 Yes 🔘 No			
5	enproyee.	employee. sult of COVID-19? Yes No Yes No	employee: sult of COVID-19? • Yes O No

Go through the wizard. Once you reach the policy grid you will need to also add "General Employer Emergency Leave"

7				<
Confirm eligibility & entitlement	s	ave Previous	Next	Can
Summary of qualifications	Employee:			
First expected absence Last expected absence 01-Apr-2020 30-Apr-2020	Add policy			
Leave policy Remaining Start date		Continuous		
Family and 12 week(s) 01-Apr-2020 Medical Leave Act Eligible: Yes Conditions met: No Show	CA Reasonable Accommodation COV Absence Without Approval policy	•		
CA Family 12 week(s) 01-Apr-2020 Rights Act Eligible: Yes Conditions met: No Show	COV Pending Non-service Connected Disability Retirement	.		
Generate entitlement updates 🖉	Emergency Paid Sick Leave Act			
	General Employer Emergency Pandemic Leave			

Policy grid should appear like example below after adding the "General Employer Emergency Leave".

Confirm eligibility & entitlement	Save Previous Next Can
ummary of qualifications	Employee:
First expected absence Last expected absence Add policy 01-Apr-2020 30-Apr-2020	
Leave policy Remaining Start date End date Status entitlement	Continuous
Family and 12 week(s) 01-Apr-2020 30-Apr-2020 Pending Medical Leave Act I Act I Eligible: Yes Conditions met: No Show	▼ 2
CA Family 12 week(s) 01-Apr-2020 30-Apr-2020 Pending Rights Act I Eligible: Yes Conditions met: No Show	¥ Ø
General Unlimited 01-Apr-2020 III 30-Apr-2020 III Approved Employer Emergency Pandemic	▼ ♥

Run the wizard and submit.

	œ (
Confirm eligibility & entitlement	Save Previous Submit Cancel
Confirmation	Employee: Garcia, Francine Case: Leave-5809
	Í
First expected absence:	01-Apr-2020
Last expected absence:	30-Apr-2020
Case manager:	Morales, Lorena
Certifying authority (if known):	
Extra information:	
Average work hours/week:	40.00
Work schedule start date:	29-Mar-2020
Day 1:	0h00
Day 2:	8h00
Day 3:	8h00
Day 4:	8h00
Day 5:	8h00
Day 6:	8h00
Day 7:	0h00
Confirmed:	Yes

You will need to provide EE with any correspondence that the system generates

Please make sure to follow instructions on how to edit Initial correspondence. Initial correspondence must be sent out

worklist items					
Subject	Worklist	Status	Due date	Action	
Print and send: Initial Correspondence	Print and send	🔤 To do	02-Apr-2020	Launch	
Review CA HCP medical certification for Self	Case management	🔤 To do	17-Apr-2020	Launch	

You will need to certify this leave like any regular FMLA/CFRA leave. make sure to obtain a medical note from EE.

Worklist	Status	Due date	Action
Print and send	🔤 To do	02-Apr-2020	Launch
Case management	🔤 To do	17-Apr-2020	Launch
	Worklist Print and send Case management	Worklist Status Print and send To do Case management To do	Worklist Status Due date Print and send To do 02-Apr-2020 Case management To do 17-Apr-2020

You will need to upload Drs note or an FEHC cert.

Review certification				Save	Next Can
elect documentation			Employee:		
Correspondence(s) Supporting document	Public Health Emergenc	y documentation	¥		
Document to upload Are you missing a document?	0	Browse			

You select the Dr from the Certifying Authority drop-down menu.

To certify the leave, you enter the date range.

Signature date and most recent date will be the signature date of the Drs note.

Review certification		Save Previous Next Cance
Certification info		Employee:
Certifying authority *	Antonio-Frias, Carlos	
Signature date * Certification start date * Certification end date *	01-Apr-2020 01-Apr-2020 30-Ap	
Start of continuous period End of continuous period		
Intermittent	01 407 2020	

Select "We accept the certification as complete and sufficient".

6				θ
Review certif	ication	Save	Previous Nex	t Cance
Review certification		Employee: (
Certification status	 This certification form is incomplete or insufficient We require clarification of the provided information Authentication of certification source is required 			
Condition type	We accept the certification as complete and sufficient Illness T			

You select the second box "Might this condition result in an absence of 4 or more consecutive dates? Click on next.

lev	view certification	Save Previous Next Cancel
evie	w conditions (check all that apply)	Employee: Fernandez
m	Might this condition require hospital or inpatient care?	
1	Might this condition result in an absence of 4 or more consecutive days?	
	Might this condition result in an absence of less than 4 consecutive days but require	e 2 or more treatments by a certifying authority?
	Might this condition result in an absence of less than 4 consecutive days but require requires subsequent supervision by a certifying authority?	e treatment by a health care professional which
	Might this condition require periodic visits for care or treatment by, or under direct	supervision of, a certifying authority?
	Might this condition continue over an extended period of time or involve recurring e	episodes or occurrences?
	Might this condition result in a period of incapacity, which is Permanent or Long ter	m, for which treatment may not be effective?

Under review certification you select YES.

Review certification			Say	Previous	Next	Can
apture policy coverage			Employee:			
Leave policy	Supports leave request					
Family and Medical Leave Act	Yes	•	i			
CA Family Rights Act	Yes	•	i			

Review this screen and select Next.

							G
Review certif	ication				Save	Previous	Next Cance
bsence Schedule					Employee	:	
Last expected date Anticipated return System suggested Please enter all you If an absence will t Enter hours as 4 ou	of absence * to work date return to work cate ur known dates of at pe part of a day (Mis * 4:15. Enter minute	30-Apr-2020	Accept	Require a medical Require employer Require employee Require date employee sence. te duration.	release date from a d authorized return to v confirmation of return loyee actually returned	octor? vork date? h to work dat d to work?	:e?
From	То	Туре	Du	ration Planned al	bsence		
01-Apr-2020	30-Apr-2020	Full day	۲	•	×		

Go through the wizard like any other leave case and submit.

	Ð
eview certification	Save Previous Submit Cancel
onfirmation page	Employee:
Document to upload:	initialDocumentation.pdf
Are you missing a document?:	No
Certifying authority:	Antonio-Frias, Carlos
Signature date:	01-Apr-2020
Most recent documentation date:	01-Apr-2020
Certification start date:	01-Apr-2020
Certification end date:	30-Apr-2020
Start of continuous period:	
End of continuous period:	
Intermittent:	No
Certification status:	We accept the certification as complete and sufficient
Condition type:	Illness
Might this condition result in an absence of 4 or more consecutive days?:	Yes
Family and Medical Leave Act:	Supports leave request

Launch the WLI like any other case

Review certification Workflow status Employee: Fernandez,	
Workflow status Employee: Fernandez,	Print Close
Subject Due date Status	
Update leave status 01-Apr-2020 To do Launch	

Go through the wizard once you are on Update leave status and verify that you all policies have been approved

pdate leave status		Ne	ext Cancel
mmary of qualifications		Employee: (
tart date 01-Apr-2020 nd date 30-Apr-2020			
eave policy Remaining	Start date End date Status	Continuous	
amily and 12 week(s) ledical Leave ct i ligible: N/A Conditions met:	01-Apr-2020 30-Apr-2020 Approved Yes Show	A	
A Family 12 week(s) ights Act i ligible: N/A Conditions met:	01-Apr-2020 30-Apr-2020 Approved Yes Show	•	
	01-Apr-2020 30-Apr-2020 Approved V	Ø	

Go through the wizard and submit.

Jpdate leave status	Previous Submit	Cancel
onfirmation	Employee	
Family and Medical Leave Act - Medical Non-Work Related for Self:	from 01-Apr-2020 to 30-Apr-2020, Approved, Continuous	
CA Family Rights Act - Standard Ventura:	from 01-Apr-2020 to 30-Apr-2020, Approved, Continuous	
General Employer Emergency Pandemic Leave - Emergency Pandemic Leave - Medical for Self:	from 01-Apr-2020 to 30-Apr-2020, Approved, Continuous	
Estimated entitlement usage starting on:	16-Jan-2020	

.

Case should change from pending status to Approved

ive Status: Approved te of request: Apr 02, 2020	Category: Continuous Start date: April 01, 2020		Leave Reason: Mor appointments) Return to work d	edical (Seric l <mark>ate:</mark> May 01	ous Health Condition, Treati 1, 2020	ment,
lationship: Self se owner: Morales, Lorena	Use paid time off: false		RTW Status: Unco Condition is resu	onfirmed It of milita	ry service: false	
/ by Type Expand all Collapse all Eligibilities (2) Calculated:01-Apr-2020 Calculated:01-Apr-2020						
Correspondence (3) + Title	Status	Mode o	f correspondence		Date of corres	pondence
Leave determination notice Case related documentation Initial Correspondence	Pending Generation Received To be sent	Upload			02-Apr-2020 10:4 02-Apr-2020 10:4 02-Apr-2020 10:2	13 AM PDT 11 AM PDT 19 AM PDT
Proposed/Approved leave (3) + Applicable policy General Employer Emergency Pandemic Leave	- Emergency Pandemic Leave - Medical	for Self		Status Approved	Date period began 01-Apr-2020	End date 30-Apr-2020
CA Family Rights Act - Standard Ventura Family and Medical Leave Act - Medical Non-W	ork Related for Self			Approved Approved	01-Apr-2020 01-Apr-2020	30-Apr-2020 30-Apr-2020

Make sure to send out any correspondence that generate.

Please make sure to follow instructions on how to edit Initial correspondence. Initial correspondence must be sent out

Family- Medical Non FMLA/CFRA eligible

Request a leave. Select Medical.

Request leave	Next Cancel
What is the reason for the leave?	Employee:
Medical (Serious Health Condition, Treatment, or appointments)	
 Medical - Work Related (Illness or Injury, Treatment, or Appointments) 	
Pregnancy	
Bonding/Adoption/Foster care	
Military exigency	
other reasons 🔻	

Qualifying family member/Illness- like any other Family care leave.

<		œ?
Request leave		Previous Next Cancel
Medical / Non Occupational		Employee:
Person with medical condition	Biological child	
Condition type The condition is the resul: of: Military service	Illness V	
Victim of violence Victim of crime		

You enter the date range for leave.

Note: All leaves should have an effective of 04/01/2020 or later.

Request leave		Previous	Next	Cance
Case information		Employee:		
Date and time request was received * First expected date of absence * Last expected date of absence * Intermittent leave Use accrued paid time off Relevant employment profile * California >> United States ; No ; SEIU Pr	01-Apr-2020 I 12:09 PM PDT 01-Apr-2020 I 30-Apr-2020 II ofessional ; No ; Human Services Agency ; Community Servi V			
Extra information	Insert template			
COVID-19				

Make sure to check Intermittent leave if they asked for an intermittent leave.

Request leave		Previous	Next	Cance
Case information				
Date and time request was received * First expected date of absence * Last expected date of absence * Intermittent leave Use accrued paid time off Relevant employment profile *	02-Apr-2020 ■ 10:47 AM ▼ PDT 01-Apr-2020 ■ 90 Apr-2020 ■			
California >> United States ; No ; SEIU Profes	sional ; No ; Human Services Agency ; Community Servi 🔻			
Extra information	Insert template			

Make sure that Absence Schedule matches the date range.

Absence schedule	Next Car
Absence Schedule	Employee:
Last expected date of absence * 30-Apr-2020 Anticipated return to work date 01-May-2020 System suggested return to work date 01-May-2020	 Require a medical release date from a doctor? Require employer authorized return to work date? Require employee confirmation of return to work date? Require date employee actually returned to work?
Intermittent	
Effective date	
From To Type	Duration Planned absence
01-Apr-2020 30-Apr-2020 Full day	× v
Add row	

If leave is an intermittent then you should track hours based on schedule. See example below.

lequest leave	e			Previous	Next Ca
bsence Schedule					
ast expected date	of absence *	80-Apr-2020	Require a medical release date from	a doctor?	
inticipated return t	to work date	1-May-2020	Require employer authorized return to	to work date?	
System suggested r	return to work date	Accept	Require employee confirmation of rel	turn to work date?	
			Require date employee actually returned	rned to work?	
lease enter all you f an absence will b inter hours as 4 or	r known dates of ab e part of a day (Miss 4.15. Enter minutes	sence and specify the typ ed time), then enter the as 13m.	e of absence. absence duration.		
From	То	Туре	Duration Planned absence		
Add row					
01-Apr-2020	30-Apr-2020	Missed time	▼ 3h 🔲 🗵		
				C.	

Please upload any documentation you may have that relates to this leave case.

Request leave		Previous Next Cancel
nbound documentation		and the second second second
Active person * Morales, Lo	rena 🛨	
Correspondence date 02-Apr-2020	8:27 AM PDT	
Correspondence mode		
Correspondence title		
Documentation file	Brown	
Click the 'Br	owse' button to navigate to where the file has been s	saved
Details (required if conversation is s	elected)	
	h	
📃 Do you w	ant to sign correspondence?	

Run the entire wizard and submit.

		θ
Request leave	Save Previous Submit C	Cancel
onfirmation page	Employee	
Please note: You are about t verify the accuracy of all info	o click Submit. When you click Submit, a leave request will be created and submitted for review. Please ormation entered here, and click the Previous button to make any corrections.	Í
Leave reason:	Medical (Serious Health Condition, Treatment, or appointments)	
Person with medical condition:	Biological child	
Name:	Abraham Bravo	
Condition type:	Illness	
Military service:	No	
Victim of violence:	No	
Victim of crime:	No	
Date and time request was received:	02-Apr-2020 10:47 AM PDT	
First expected date of absence:	01-Apr-2020	
Last expected date of	30-Apr-2020	

You click on Case number so that the system can direct you back to that particular leave case.

1	▼ ²				Θ	?
1 49 1	Request leave		Pr	int	Close	•
	Case number	Emp	loyee:			
100	Request for leave has been r This request will be evaluate Case number: Leave-5810	ecorded. d under all applicable policies.				Î
	Leave reason:	Medical (Serious Health Condition, Treatment, or appointments)				
	Person with medical condition:	Biological child				
	Name:	Abraham Bravo				
	Condition type:	Illness				
	Military service:	No				
	Victim of violence:	No				
	Victim of crime:	No				
	Date and time request was	02-Apr-2020 10:47 AM PDT				

Confirm eligibility & Entitlement like any other leave case by launching WLI.

Click on Next.

		co ?
Confirm	eligibility & entitlement	Save Next Cancel
Review the le	ave dates being requested	Employee:
First expecte absence Last expecte absence Case manag	The dates reflected on this screen are the dates that You may choose to change these dates once you hav requested. To change the dates, simply navigate back to this scr ed 01-Apr-2020 a 30-Apr-2020 er * Morales, Lorena	have been requested by the employee. e reviewed the employee's eligibility profile relevant to the original dates reen.

Friendly reminder just like any other leave case. Do not make any changes to the Work schedule.

.

ork Schedule		Employee: Garcia,
Work schedule Suggest Revert Add day Delete 29-March-2020 Sun 30-March-2020 Tue 1-April-2020 Wed 2-April-2020 Thu 3-April-2020 Fri 4-April-2020 Sat	0h00 8h00 8h00 8h00 8h00 8h00 0h00	Ask if the EE work the same days of the week every week. If yes, go to section 1. Ask if they have any kind of recurring schedule. If yes, go to section 2. Ask if they know the average amount of time they are usually scheduled to work every week. If yes, go to section 3. Go to section 4 1 - Create a schedule with 7 days. Ask how much time is usually scheduled for every day on the schedule and populate the time in the appropriate days. 2 - Ask how many days is in their rotation and create a schedule with that many days. Ask how much time they were scheduled to work for every day on the schedule, and populate that time in the appropriate days. For every day the EE reported no scheduled time, ask if the business was closed for a special reason on that day, and if so how much time they would have been schedule had the business not been closed. Enter that time in the appropriate days.
Hours/week 40.00		3- Create a schedule with 7 days. Ask if there any days of the week they never get scheduled. Divide the average amount of time they are usually scheduled to work every week by the number of days they could be scheduled to work. This value will represent their average work hours per scheduled day. Populate the days where they could be scheduled to work with their average work

Run through wizard. When you reach the following screen make sure to select YES and click on next.

onfirm eligibility & entitlement		Sa	ave	Previous	Next	Cancel
ualifying questions		Employee:				
1 - Emergency Paid Sick Leave Act Is the medical condition of the individual for whom the employee 2 - General Employer Emergency Pandemic Leave Is the family member for whom the employee is caring for a res	e is caring for a result of sult of COVID-197	COVID-19? S O No	Yes	◎ No		

Presagia will notify you when an EE is not eligible for FMLA/CFRA. Please see example below.

onnin engi	bility & ei	ntitlement				Save	evious Next	Cano
ummary of qualifie	cations				Employe	e		
irst expected abs 01-Apr-2020	ence Last exp 30-Apr-	2020	Add policy					
Leave policy R	temaining ntitlement	Start date	End date	Status		Continue	ous	
Family and 12 week(s) 01-Apr-2020 30-Apr-2 Medical Leave Act i Eligible: No Conditions met: No Show Dease evaluate all reasons for overriding the current recomm		a 30-Apr-2020	Denied - Not elig	ible	•			
Employee is requi hour(s) between to be 1,123 on fir	red to have a 16-Jan-2019 a st day of leave	minimum of 1,2 nd 15-Jan-2020 e, 01-Apr-2020.	50 worked hour . Using the curre The actual hour	 (s) in the past 1 year(s ent work schedule, we (s) and eligibility will be). Records indica estimate the wor e verified on the	ate 994 rked hours first day of		
CA Family 1 Rights Act i	2 week(s) itions met: No easons for ov	01-Apr-2020 Show erriding the curr	a 30-Apr-2020	Denied - Not elig	ible	• 2		
igible: No Conditions met: No Show ease explain all reasons for overriding the current recommendation. mployee is required to have a minimum of 1,250 worked hour(s) in the past 1 year(s). Records indicate 994 our(s) between 16-Jan-2019 and 15-Jan-2020. Using the current work schedule, we estimate the worked hours								

You will need to add "General Employer Emergency Pandemic Leave" Policy to the case.

8

Confirm eligibility & entitlement	Save Previous Next Cancel
Summary of qualifications Em	nployee:
First expected absence Last expected absence Add policy 01-Apr-2020 30-Apr-2020	
Leave policy Remaining Start date	Continuous
Family and 12 week(s) 01-Apr-2020	▼
Act i COV Personal Leave	
Eligible: No Conditions met: No Show Please explain all reasons for overriding the curre Emergency Paid Sick Leave Act	
Employee is required to have a minimum of 1,25 hour(s) between 16-Jan-2019 and 15-Jan-2020. General Employer Emergency Pandemic Leave to be 1,123 on first day of leave, 01-Apr-2020. The actual indices and engineery was no version of	e worked hours n the first day of
CA Family 12 week(s) 01-Apr-2020 30-Apr-2020 Denied - Not eligible Rights Act i Eligible: No Conditions met: No Show Please explain all reasons for overriding the current recommendation.	▼ .
Employee is required to have a minimum of 1,250 worked hour(s) in the past 1 year(s). Records hour(s) between 16-Jan-2019 and 15-Jan-2020. Using the current work schedule, we estimate th to be 1,123 on first day of leave, 01-Apr-2020. The actual hour(s) and eligibility will be verified on	indicate 994 e worked hours n the first day of
Generate entitlement updates 🕑	

The System will add the policy and auto approve the leave.

onfirm elig	jibility & ei	ntitlement			Save	Previous	Next	Cance
ummary of quali	fications				Employee:			
eave policy	Remaining entitlement	Start date	End date	Status	Con	tinuous		
amily and Aedical Leave Act i Higible: No Con Nease explain al	12 week(s) ditions met: No	01-Apr-2020	30-Apr-2020	Denied - Not eligible	•			
imployee is requour(s) between o be 1,123 on f	uired to have a n 16-Jan-2019 a irst day of leave	minimum of 1,25 nd 15-Jan-2020. e, 01-Apr-2020. T	0 worked hour(s Using the currer he actual hour(s	 in the past 1 year(s). Reconstruction of the past 1 year(s) and eligibility will be verified and eligibility will be verified. 	ords indicate 994 te the worked hours ed on the first day o	s + of	_	
Rights Act i ligible: No Con lease explain al	ditions met: No l reasons for ov	Show erriding the curre	nt recommenda	tion.	• 2			
Employee is req nour(s) between to be 1,123 on f	uired to have a 16-Jan-2019 a irst day of leave	minimum of 1,25 nd 15-Jan-2020. e, 01-Apr-2020. T	0 worked hour(s Using the currer he actual hour(s	 s) in the past 1 year(s). Reconstruction work schedule, we estimate the solution of the solution	ords indicate 994 te the worked hours ed on the first day o	s 🗘		
ieneral mployer mergency 'andemic eave	Unlimited	01-Apr-2020	30-Apr-2020	Approved	•	×	I	

Run wizard and click on submit.

	co ?
Confirm eligibility & entitlement	Save Previous Submit Cancel
Confirmation	Employee
	Î.
First expected absence:	01-Apr-2020
Last expected absence:	30-Apr-2020
Case manager:	Morales, Lorena
Certifying authority (if known):	
Extra information:	
Average work hours/week:	40.00
Work schedule start date:	29-Mar-2020
Day 1:	0h00
Day 2:	8h00
Day 3:	8h00
Day 4:	8h00
Day 5:	8h00
Day 6:	0600

You will need to upload the medical cert/Drs Note provided by EE and make sure to send the Initial correspondence.

Please make sure to follow instructions on how to edit Initial correspondence. Initial correspondence must be sent out

Any other COVID-19 related leave for Self

Request leave.

You will select Public Health Emergency.

		œ ?
-	Request leave	Next Cancel &
١	What is the reason for the leave?	Employee: Gomez, Michael
	 Medical (Serious Health Condition, Treatment, or appointments) Medical - Work Related (Illness or Injury, Treatment, or Appointments) Pregnancy Bonding/Adoption/Foster care Military exigency Public Health Emerger T 	

Next you select Self and enter COVID-19 in the Extra Info section.

8		
Request leave		Previous
Reason details		Employee:
Relationship *	Self	
Extra information		
COVID-19		
Military service		
Victim of violence		
Victim of crime		

You enter the date range for leave.

Note: All leaves should have an effective of 04/01/2020 or later.

Request leave		Previous Next Canc
Case information		Employee:
Date and time request was received * First expected date of absence * Last expected date of absence * Intermittent leave Use accrued paid time off Relevant employment profile *	01-Apr-2020 12:09 PM PDT 01-Apr-2020 1 30-Apr-2020 1 0	
California >> United States ; No ; SEIU Pro Extra information	fessional ; No ; Human Services Agency ; Community Serv Insert tem	i 🔹
COVID-19		

Make sure to check Intermittent leave if they asked for an intermittent leave.

Request leave		Previous	Next	Cancel
Case information				
Date and time request was received * First expected date of absence * Last expected date of absence * Intermittent leave Use accrued paid time off	02-Apr-2020 III 10:47 AM PDT 01-Apr-2020 III 90 Apr-2020 III			
Relevant employment profile * California >> United States ; No ; SEIU Pro	fessional ; No ; Human Services Agency ; Community Servi 🔻			

Make sure that Absence Schedule matches the date range.

·	Absence schedule		Next	Cancel	
e e	e Absence Schedule Employee:				
g e	Last expected date of absence * Anticipated return to work date System suggested return to work date D1-May-2020 Accept Accept	tor? rk date? o work date? o work?		Î	
Л	Intermittent Effective date				
	From To Type Duration Planned absence 01-Apr-2020 30-Apr-2020 Full day Image: Constraint of the second s				

If leave is an intermittent then you should track hours based on schedule. See example below.

Request leave			Previous Next Ca	ncel
Absence Schedule				
Last expected date of absence * Anticipated return to work date System suggested return to work	30-Apr-2020 8 01-May-2020 8 date Acces	 Require a medical release date from a do Require employer authorized return to w Require employee confirmation of return Require date employee actually returned 	octor? vork date? i to work date? I to work?	
Please enter all your known dates If an absence will be part of a day Enter hours as 4 or 4.13. Enter n	of absence and specify the t / (Missed time), then enter th mates as 13m.	ype of absence. ne absence duration.		
From To	Туре	Duration Planned absence		
Add row				
Add row 01-Apr-2020 30-Apr-2020	Missed time	▼ 3h 🛛 🗶		

Upload any documentation supporting leave.

	7		a	⊳ ?
25	Request leave	Previous	Next Canc	el
Р	Indound documentation	Employee		
	Active person * Morales, Lorena Correspondence date 03-Apr-2020 10:53 AM PDT Correspondence mode Correspondence title Document location Documentation file Browse Click the 'Browse' button to navigate to where the file has been saved Details (required if conversation is selected)			
	Do you want to sign correspondence?			

Run to entire wizard and submit.

		θ
Request leave	Previous	Cancel
onfirmation page	Employee:	
Please note: You are about to verify the accuracy of all infor	click Submit. When you click Submit, a leave request will be created and submitted for review. Please mation entered here, and click the Previous button to make any corrections.	
Leave reason:	Public Health Emergency	
Relationship:	Self	
Military service:	No	
Victim of violence:	No	
Victim of crime:	No	
Date and time request was received:	03-Apr-2020 10:57 AM PDT	
First expected date of absence:	01-Apr-2020	
Last expected date of absence	e: 30-Apr-2020	
Intermittent leave:	No	

You click on Case number so that the system can direct you back to that particula leave case.

		O ()
Request leave		Print Close & C
Case number		Employee:
Request for leave has been reco This request will be evaluated u Case number: Leave-5826	rded. nder all applicable policies.	Î
Leave reason:	Public Health Emergency	
Relationship:	Self	
Military service:	No	
Victim of violence:	No	
Victim of crime:	No	
Date and time request was received:	03-Apr-2020 10:57 AM PDT	
First expected date of absence:	01-Apr-2020	
Last expected date of absence:	30-Apr-2020	
Intermittent leave:	No	
Use accrued paid time off:	No	
	Request leave Case number Request for leave has been reco This request <u>nil be evaluated</u> ur Case number: Leave-5826 Leave reason: Relationship: Military service: Victim of violence: Victim of violence: Victim of crime: Date and time request was received: First expected date of absence: Last expected date of absence: Intermittent leave: Use accrued paid time off:	Request leave Case number Request for leave has been recorded. This request for leave has been recorded. This request for leave has been recorded. This request for leave has been recorded. Case number: Leave-5826 Leave reason: Public Health Emergency Relationship: Self Military service: No Victim of violence: No Victim of crime: No Date and time request was received: 03-Apr-2020 10:57 AM PDT First expected date of absence: 01-Apr-2020 Last expected date of absence: No Use accrued paid time off: No

Confirm eligibility & Entitlement like any other leave case by launching WLI.



Friendly reminder just like any other leave case. Do not make any changes to the Work schedule.

commin engibi	ity a ei	nuuement	Save	Previous	Next	Cancel
ork Schedule			Employee: Gar	cia,		5
Work schedule Suggest Revert Add day Delete 29-March-2020 Sun 30-March-2020 Mon 31-March-2020 Tue 1-April-2020 Wed 2-April-2020 Thu 3-April-2020 Fri 4-April-2020 Sat Hours/week 40.00	0h00 8h00 8h00 8h00 8h00 0h00	Ask if the EE work the same days of the week every week. If Ask if they have any kind of recurring schedule. If yes, go to Ask if they know the average amount of time they are usuall go to section 3. Gc to section 4 1 - Create a schedule with 7 days. Ask how much time is usually scheduled for every day on the appropriate days. 2 - Ask how many days is in their rotation and create a sched Ask how much time they were scheduled to work for every day time in the appropriate days. For every day the EE reported was closed for a special reason on that day, and if so how m scheduled had the business not been closed. Enter that time 3 - Create a schedule with 7 days. Ask if there any days of the week they never get scheduled. Divide the average amount of time they are usually schedule days they could be scheduled to work. This value will repress scheduled day. Populate the days where they could be scheduled	f yes, go to sect o section 2. Ily scheduled to e schedule and i dule with that m day on the scher no scheduled ti uch time they w e in the appropri ent their averag Juled to work wi	ion 1. work every v populate the any days. Jule, and poj me, ask if th yould have b ate days. y week by th e work hour th their aver	week. If time in pulate th e busine een e numbe s per age worl	yes, the at ss er of k

When you reach Confirm eligibility & entitlement.

Summary of qualifications	Employee:
First expected absence Last expected absence Add policy 01-Apr-2020 30-Apr-2020	atus Continuous
entitlement Generate entitlement updates 🕑	

You will only Add 'General Employer Emergency Pandemic Leave" policy

▼			θ
Confirm eligibility & entit	lement	Save Previous Next	Cancel
Summary of qualifications		Employee:	
First expected absence Last expect 01-Apr-2020 30-Apr-2020	ed absence Add policy ○		
Leave policy Remaining entitlement	Start	ind here Supervise tot	
Generate entitlement updates 🗷	Emergency Paid Family and Medic Emergency Paid Sick Leave Act Family and Medical Leave Act	Ical Leave Expansion Act	
	General Employer Emergency Pan	indemic Leave	

The system will auto approve like it does a personal leave.

anfirm aligibility & antitlament	Save Braulous North Can
onnin engibility & entitlement	Save Previous Next Can
ummary of qualifications	Employee:
irst expected absence Last expected absence Add policy 01-Apr-2020 30-Apr-2020	
eave policy Remaining Start date End date Status	Continuous
entitlement	
imergency andemic ligible: N/A Conditions met: N/A Show	• •
Senerate entitlement updates 🗹	

Go through the entire wizard and submit.

T	co ?
Confirm eligibility & entitlement	Save Previous Submit Cancel
Confirmation	Employee
First superiod charges	
First expected absence:	01-Apr-2020
Last expected absence:	30-Apr-2020
Case manager:	Morales, Lorena
Extra information:	COVID-19
Average work hours/week:	40.00
Work schedule start date:	29-Mar-2020
Day 1:	0h00
Day 2:	8h00
Day 3:	8h00
Day 4:	8h00
Day 5:	8h00
Day 6:	8h00
Day 7:	000
Confirmed:	Yes

You will need to send EE any correspondence that the system generates. Upload any supporting documents supporting the leave case.

Please make sure to follow instructions on how to edit Initial correspondence. Initial correspondence must be sent out.

Any other COVID-19 related leave for Family Member

Request leave.

You will select Public Health Emergency.

▼	co ?
Request leave	Next Cancel &
What is the reason for the leave?	Employee: Gomez, Michael
 Medical (Serious Health Condition, Treatment, or appointments) Medical - Work Related (Illness or Injury, Treatment, or Appointments) Pregnancy Bonding/Adoption/Foster care Military exigency Public Health Emerger T 	

Next you select Biological child for relationship and enter COVID-19 in the Extra Info section.

Request leave	a -	Save Previous Next
eason details		Employee:
Relationship *	Biological child	
	Name * Abraham Bravo	
Extra information		
COVID-19		
Military service		
Victim of violence		
Victim of crime		

You enter the date range for leave.

Note: All leaves should have an effective of 04/01/2020 or later.

-		(compared to the second	-	(
Request leave		Previous	Next	Canc
Case information		Employee:		
Date and time request was received * First expected date of absence * Last expected date of absence * Intermittent leave Use accrued paid time off Relevant employment profile *	01-Apr-2020 12:09 PM PDT 01-Apr-2020 1 30-Apr-2020 1 0			
California >> United States ; No ; SEIU P	rofessional ; No ; Human Services Agency ; Community Servi 🔻			
Extra information	Insert template			
COVID-19				

Make sure to check Intermittent leave if they asked for an intermittent leave.

Request leave		Previous	Next	Cancel
Case information				
Date and time request was received * First expected date of absence * Last expected date of absence * Intermittent leave Use accrued paid time off	02-Apr-2020 III 10:47 AM PDT 01-Apr-2020 III 90 Apr-2020 III			
Relevant employment profile * California >> United States ; No ; SEIU Pro	fessional ; No ; Human Services Agency ; Community Servi 🔻			

Make sure that Absence Schedule matches the date range.

·	Absence schedule		Next	Cancel	
e e	e Absence Schedule Employee:				
g e	Last expected date of absence * Anticipated return to work date System suggested return to work date D1-May-2020 Accept Accept	tor? rk date? o work date? o work?		Î	
Л	Intermittent Effective date				
	From To Type Duration Planned absence 01-Apr-2020 30-Apr-2020 Full day Image: Constraint of the second s				

If leave is an intermittent then you should track hours based on schedule. See example below.

Request leave			Previous Next Ca	ncel
Absence Schedule				
Last expected date of absence * Anticipated return to work date System suggested return to work	30-Apr-2020 8 01-May-2020 8 date Acces	 Require a medical release date from a do Require employer authorized return to w Require employee confirmation of return Require date employee actually returned 	octor? vork date? i to work date? I to work?	
Please enter all your known dates If an absence will be part of a day Enter hours as 4 or 4.13. Enter n	of absence and specify the t / (Missed time), then enter th mates as 13m.	ype of absence. ne absence duration.		
From To	Туре	Duration Planned absence		
Add row				
Add row 01-Apr-2020 30-Apr-2020	Missed time	▼ 3h 🛛 🗶		

Upload any support documentation supporting leave.

1	▼	∞ ?
25	Request leave	Previous Next Cancel
	Indound documentation	Employee
	Active person * Morales, Lorena Correspondence date 03-Apr-2020 10:53 AM PDT Correspondence mode Correspondence title Document location Documentation file Browse Click the 'Browse' button to navigate to where the file has been saved Details (required if conversation is selected)	
1 101 1	Do you want to sign correspondence?	

Run to the entire wizard and submit.

1		θ
Request leave	Save Previous Submit C	ancel
Confirmation page	Employee	
Please note: You are about t verify the accuracy of all info	to click Submit. When you click Submit, a leave request will be created and submitted for review. Please ormation entered here, and click the Previous button to make any corrections.	Î
Leave reason:	Medical (Serious Health Condition, Treatment, or appointments)	
Person with medical condition:	Biological child	
Name:	Abraham Bravo	
Condition type:	Illness	
Military service:	No	
Victim of violence:	No	
Victim of crime:	No	
Date and time request was received:	02-Apr-2020 10:47 AM PDT	
First expected date of absence:	01-Apr-2020	
Last expected date of	30-Apr-2020	

You click on Case number so that the system can direct you back to that particula leave case.

V			B ?
Request leave		Print	Close
Case number	Emp	loyee:	
Request for leave has been r This request will be evaluate Case number: Leave-5810	ecorded. 1 under all applicable policies.		Î
Leave reason:	Medical (Serious Health Condition, Treatment, or appointments)		
Person with medical condition:	Biological child		
Name:	Abraham Bravo		
Condition type:	Illness		
Military service:	No		
Victim of violence:	No		
Victim of crime:	No		
Date and time request was	02-Apr-2020 10:47 AM PDT		

Confirm eligibility & Entitlement like any other leave case by launching WLI.



Click Next.

•		co ?
Confirm eligi	bility & entitlement	Save Next Cancel
Review the leave da	tes being requested	Employee:
First expected absence Last expected absence Case manager *	The dates reflected on this screen are the dates tha You may choose to change these dates once you ha requested. To change the dates, simply navigate back to this s 01-Apr-2020	it have been requested by the employee. ve reviewed the employee's eligibility profile relevant to the original dates creen.

Friendly reminder just like any other leave case. Do not make any changes to the Work schedule.

ork Schedule		Employee: Garcia,
Work schedule Suggest Revert Add day Delete 29-March-2020 Sun 30-March-2020 Tue 1-April-2020 Wed 2-April-2020 Thu 3-April-2020 Fri 4-April-2020 Sat	0h00 8h00 8h00 8h00 8h00 8h00 0h00	Ask if the EE work the same days of the week every week. If yes, go to section 1. Ask if they have any kind of recurring schedule. If yes, go to section 2. Ask if they know the average amount of time they are usually scheduled to work every week. If yes, go to section 3. Gc to section 4 1- Create a schedule with 7 days. Ask how much time is usually scheduled for every day on the schedule and populate the time in the appropriate days. 2- Ask how many days is in their rotation and create a schedule with that many days. Ask how much time they were scheduled to work for every day on the schedule, and populate that time in the appropriate days. For every day the EE reported no scheduled time, ask if the business was closed for a special reason on that day, and if so how much time they would have been scheduled had the business not been closed. Enter that time in the appropriate days.
Hours/week 40.00]	Ask if there any days of the week they never get scheduled. Divide the average amount of time they are usually scheduled to work every week by the number of days they could be scheduled to work. This value will represent their average work hours per scheduled day. Populate the days where they could be scheduled to work with their average work

When you reach Confirm eligibility & entitlement.

Summary of qualifications Employee: First expected absence Last expected absence Add policy 01-Apr-2020 30-Apr-2020	Confirm eligibility & entitlement	Save Previous Next Can
First expected absence Last expected absence Add policy 01-Apr-2020 30-Apr-2020 Leave policy Remaining entitlement Seperate entitlement Start date	ummary of qualifications	Employee:
entitlement	First expected absence Last expected absence Add policy 01-Apr-2020 30-Apr-2020	Status Continuous
	entitlement Generate entitlement updates 🕢	

You will need to only Add 'General Employer Emergency Pandemic Leave" policy.

Confirm eligibility & entitlemen	It Save Previous Next Can
Summary of qualifications	Employee:
First expected absence Last expected absen 01-Apr-2020 30-Apr-2020	ce Add policy
Leave policy Remaining S entitlement	tart
Generate entitlement updates 🅑	Emergency Paid Family and Medical Leave Expansion Act Emergency Paid Sick Leave Act
	Family and Medical Leave Act

The system will auto approve like it does a personal leave.

		_								
Confirm el	igibilit	y&en	titlement	:			Save	Previous	Next	Car
ummary of qu	alification	5				Employee:				
First expected	absence	Last exp 30-Apr-	ected absence	Add policy						
Leave nolicy	Romai	nina	Start date	End date	Statuc		Con	tinuous		
	entitle	ment								
General Employer Emergency Pandemic Leave i Eligible: N/A	Unlimit	≥d s met: N	01-Apr-2020	30-Apr-2020	Approved		•	B		
									-1	
	and the second se	datas m								
Generate entit	lement up	dates 🖌								

Go through the entire wizard and submit.

	0
Confirm eligibility & entitlement	Save Previous Submit Cance
Confirmation	Employee
First expected absence:	01-Apr-2020
Last expected absence:	30-Apr-2020
Case manager:	Morales, Lorena
Extra information:	COVID-19
Average work hours/week:	40.00
Work schedule start date:	29-Mar-2020
Day 1:	0h00
Day 2:	8h00
Day 3:	8h00
Day 4:	8h00
Day 5:	8h00
Day 6:	8h00
Day 7:	0h00
Confirmed:	Yes

You will need to send EE any correspondence that the system generates. Upload any documents supporting the leave case.

Please make sure to follow instructions on how to edit Initial correspondence. Initial correspondence must be sent out

Initial Correspondence

"Launch" Initial Correspondence WLI.

Cubicat	Westletet	Chabus	Due dete	Antion
Subject	WORKIISE	Status	Due date	Action
Print and send: Initial Correspondence	Print and send	To do	02-Apr-2020	Launch

Click on Edit.

Corresponden	ice title	Edit Clos
		Select action
Case Correspondence da Person * Mode * Status * Emailed to Correspondence titl	Leave - Leave-5815 - 02-Apr-20 te * 02-Apr-2020 12:59 PM PDT Morales, Lorena To be sent Initial Correspondence	Save/Go to Has been sent Regenerate correspondence

Scroll down to Entry Point.

Oxnard California 93033	** + -
Entry point Last updated 02-Apr-2020 12:59 PM PDT By Executor, Job © 2001-2019 Presagia Corporation	

1. Make sure to type in the following:

"Attached is the Natural disaster Attestation Form if you would like consideration to utilize these hours please complete and submit for review along with your leave of absence paperwork."

- 2. Click on Apply.
- 3. Click on Save.

		2 3
rrespondence title		Apply Save Can
		Select action
secureView	1/8	o 🛨 🖶 🃋
Oxnard California 9303:	•	
		**
		+
		•
ry point		
tached is the Natural disaster Attestatio	n Form if you would like consideration to utilize these	hours please complete and submit for
view along with your leave of absence p		
You will then send the correspondence to EE.

- 1. Print or download correspondence.
- 2. Save/go to.

(Correspondence title			Apply	Save	Cance
			2	Select action		
	Case Leave - Leave-5815 - 02-Apr-20 Correspondence date * 02-Apr-2020 12:59 PM PI Person * Morales, Lorena * Mode * Status * To be sent * Emailed to * Correspondence title * Initial Correspondence Uploaded by employe	DT	Save/Go to			
	Document location Additional details					
	View document in new window		0			_
	secureView	2/8		¢ <u></u> ≢	÷	*
						4

You will then launch the correspondence again.

worklist items					
Subject	Worklist	Status	Due date	Action	
Print and send: Initial Correspondence	Print and send	To do	02-Apr-2020	Launch	

Make sure to mark C	Correspondence as	'Has been sent".
---------------------	-------------------	------------------

1	V	ω ?
	Correspondence title	Edit Close
0 00		Select action 🔻
	Case Leave - Leave-5815 - 02-Apr-20 Correspondence date * 02-Apr-2020 12:59 PM PDT Person * Morales, Lorena Mode *	Save/Go to Has been sent Regenerate correspondence
	Document location Additional details	

Click on Save/Go to in order to return to the leave case.

Correspondence	e title			Signed	Close
				Select action	
Case	Leave - Leave-5815	- 02-Apr-20	Save/Go to		
Correspondence date *	03-Apr-2020 8:57	AM PDT			
Person *	Morales, Lorena				
Mode *	Mailed				
Status *	Sent		Update		
Emailed to					
Correspondence title *	Initial Corresponden	ce			
Uploaded by employee					
					_
Document location					
Additional details					