Employee Instruction Guide

1.) Go to <u>https://workplace.passhe.edu</u> and choose **"Slippery Rock University"** from the drop down and hit **"continue".** Then sign in using your SRU credentials.



2.) Click on "My Home" from the top tool bar, to display your functions within Fiori



3.) To submit a leave request, click on "M Leave Request"



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 Leave Balar 	ices								
Items									
Leave Type		Validity		Available		Used		Entitlement	
Annual Leave		01/15/2023-01/13/2024		249.29 Hours		54.50 Hours		303.79 Hours	
Personal Carryover		01/14/2023-04/21/2023		0.00 Hours		0.00 Hours		0.00 Hours	
Personal Leave		01/15/2023-01/13/2024		11.00 Hours		26,50 Hours		37.50 Hours	
Sick Family		01/15/2023-01/13/2024		17.00 Hours		20.50 Hours		37.50 Hours	
Sick Leave		01/15/2023-01/13/2024		570.16 Hours		0.00 Hours		570.16 Hours	
Your combined si	k and sick fam	ily leave is: 587.16 hours							
Request Ov	erview								
	Hours	Start Date 😇	Start Time	End Date	End Time	Status	Submit Date		
					and a second sec	Approved	10/03/2023	Cancel	
Leave Type Personal Leave	7.50	10/09/2023	08:00	10/09/2023	16:30	Abbroven	10/05/2025	Gances	

4.) Once inside **"My Leave Request"** you will see your leave balance and recent leave requests. To submit a leave request, click **"Create Request"** in the upper right corner.

5.) Once inside the leave request screen, choose the leave type you will be using from the "Leave Type" drop down. As a reminder, an employee should NEVER use leave types coded FMLA unless advised to do so by Human Resources.

	· Antonio and A antonio a	
Leave Type:	Annual Leave	~
Available Leave Balance (hours):	Select Leave Type	
	Annual Leave	0300
ieneral Data	Annual Leave FMLA	0309
	Sick Leave	0310
More than 1 day:	Sick Leave FMLA	0311
One day or less:	Sick Family	0312
Multi-/Single-Day-Selection:	Sick Family - FMLA	0313

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• Once a leave type is selected, use the radial buttons for **"Multi-/Single-Day-Selection"**. Then use the calendar and time fields next to **"Start Date/Time"** and **"End Date/Time"** to enter the date(s)/time(s) of your leave request.

General Data							
More than 1 day:	Select for full day leave requests that span multiple, consecutive days.						
One day or less:	One day or less: Select for partial or single day leave requests.						
Multi-/Single-Day-Selection:	O More than 1 day 💿	One day or less					
*Start Date/Time:	10/18/2023		12:15	Ð			
*End Date/Time:	10/18/2023		16:30	9			

Remarks and appointment time can be added is necessary using the available fields. Once you
have completed the request form, click "Review and Submit Request" in the bottom right hand
corner of the form.

Additional Remarks (optional):	Drs. appointment-leaving early	
	170 characters remaining If this absence is for medical appointment, please provide the Medical Appointment Start Time in the field below.	
Medical Appointment Start Time:	HH:mm If this absence is for a sick leave of three or more consecutive days due to If this absence is for a sick leave of three or more consecutive days due to Ilness or injury, check the box below indicating that you have or will be providing the required medical documentation to your supervisor.	
Medical Certificate Available:	٥	
		Review and Submit Request

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6.) After you click the "Review and Submit Request" button, you will be taken to a leave review page. If you agree with the displayed Leave Request Summary, click "Submit Request" in the lower right-hand corner. If you need to modify the request, click "Modify Request". Clicking "Submit Request" will move your request to your supervisor for approval.

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b	eave Request Summi	ary							
	-	ne (Lint, First, MI)	Nichols, Amanda, M						
		Crightnese Humber	00995968 Avrual Leave						
		Leave Type							
		Shirt Date Time	10/17/2023 08:00						
			10/17/2023 18:30						
	Total		7.50 His (1 Work Days						
		Other Hematta							
	Medical Appo	entment Start Time							
	Sch. Stit Date	Sch. Stirt Date Sch. Scart 1		ch. End Date	Sch. End Time Scheduled N		Requested Hours		
	10/17/2023	08.00.00	13	24712023	16:30:00	7.50	.7.90		
							March South	INCOMENTS.	