

PALI MOMI **STRAUB** 

# INTERMITTENT USAGE GUIDE Accessing LeaveLink from Home

Step 1: To access LeaveLink from home, go to https://leavelink.com/hph\_selfservice.

Step 2: Log In:

	LeaveLink Self-Service Web Portal	
LeaveLink Integrated Absence Management Software by Absentys LLC	Step 2 Log in here:	
» Online Training: Requesting leave for my employees	Username EE Id + Last 4 SSN Password	
	Forgot Password GO!	

If you are prompted to change your password, you are required to create your own personal password. Your password must contain at least 8 characters and 3 of the 4 following criteria: Lower Case, Upper Case, Number, & Special Character.

Step 3 and 4: "Submit" your information.

o continue, please chang	igged into SelfService. 9 your password:		
New Password:			
Confirm Password:			
ulso, please select and an 'his information will be as	wer a security question for future use. 	Step 3	
Security Question:	v		
Your Answer:			
Confirm Your Answer:			
onfirm your email addre	s		
Email:	hemployee@hawaiipa		Step 4
Confirm Email:	hemployee@hawaiipa		
		Submit	

If you are not prompted to change your password, proceed to page 2.

please continue to Step 5:
To finalize your login, Hawaii Pacific Health will send a one-time confirmation code to one of the following. Please select the delivery method for this code:
\*\*\*\*\*Ile.tang@hawaiipacifichealth.org
Submit Cancel

If you see this screen, please skip down to page 7 to complete LeaveLink Authentication Process; otherwise,

# Step 5: Click on "MY HISTORY".



Step 6: Select the appropriate leave request by referencing the "Leave No." on your Approval letter. Intermittent field must have a "Y" indicated.



Step 7: This screen shows some details of your leave. Click on "Intermittent Leave Usage form" at the top or bottom of the screen.



#### Step 8: Completing the online "Intermittent Leave Usage Form".

This is the online Intermittent Leave Usage Form. This online form will be used to notify an HPH HR LOA Administrator of the intermittent time you plan to take (or have taken) under FMLA/HFLL.

- A. Absence Date: Day(s) you will be missing your scheduled work shift.
- B. Hours Missed: Number of hours you will miss in each shift.

# Please input your hours of missed work as follows:

- Smallest increment is 15 minutes. Input as "0.25".
- The next increment is 30 minutes. Input as "0.5".
- The next increment is 45 minutes. Input as "0.75".
- The final increment is 1 hours. Input as "1".

#### Example:

- You will miss 3 hours and 30 minutes of work. Input as "3.5"
- You will miss 7 hours and 45 minutes of work. Input as "7.75"
- **C. Due To:** Drop down and select the most appropriate reason for your absence.

CALL US NOW: 1-808-535-7571 LeaveLink NAVIGATI Integrated Absence Management Software by Absentys LLC CONTACT HUMAN RESOURCE ONLINE TRAINING MANUAL W LEAV LOGOUT This form is used to notify Human Resources of your intermittent FMLA and/or HFLL usage. You must complete this form on the day of absence or as soon as possible or practicable if your absence is foreseeable, i.e. a scheduled appointment. If this form is not submitted, your absence(s) will not be protected under FMLA and/or HFLL. You will be notified via your work email address if your request is approved under FMLA and/or HFLL and your time record will be updated by Human Resources accordingly. If you do not have an established intermittent leave on file, please click on NEW LEAVE above to submit a new request. Note: This form does not replace the need to follow your department's regular call-out procedure. You are responsible for notifying your department and supervisor of your absence(s). Failure to do so may result in your absence being unpaid. The following intermittent absences have already been submitted for HPH Employee 12345 leave Please enter up to 10 new absences (including hours missed) in the spaces provided and click Submit. 06/08/2016, 0 07/01/2016, 3.5 07/15/2016, 7.75 07/23/2016, 8 07/31/2016, 4 Absence Date Hours Missed 0.0 Due To v V Absence Date Hours Missed 0.0 Due To Previously approved v Absence Date Hours Missed 0.0 Due To dates for this specific ¥ Absence Date Hours Missed 0.0 Due To Leave Request. V Absence Date Hours Missed 0.0 Due To Step 8 Hours Missed 0.0 V Absence Date Due To Hours Missed 0.0 V Absence Date Due To Hours Missed 0.0 Absence Date Due To V Hours Missed 0.0 Absence Date Due To V Hours Missed 0.0 Absence Date Due To Submit Step 9

Step 9: "Submit" your information.

# **Step 10: Confirmation Page**

This screen confirms that your request was submitted to the HPH HR LOA Administrators. Following review, you and your manager will be notified via work email of the status of your request after review **within a few business days.** 

The HPH HR LOA Administrator will update our payroll system (Kronos) to either reflect your future missed hours or request a payroll adjustment.

If your frequency and/or duration of your absence exceeds what is indicated on your current Health care Provider Certification, an HPH HR LOA Administrator will contact you to request an updated WH380 Certification you need to obtain from your physician. If this step is not taken, your request will be denied.

If you have exhausted your FMLA and/or HFLL time allowed for your benefit year, your request will be denied. You and your manager will be notified via email and your absence may be considered an unscheduled/unauthorized leave.



Step 11: "Pending" status for an Intermittent Leave Usage Form submitted.

If you receive this message, you already have an Intermittent Leave Usage form pending for a specific leave request. Please allow a few days for a HPH HR LOA Administrator to review your request, **OR** you can send an email to hphleaveadministrator@hawaiipacifichealth.org.

## Please include the following information on the email:

- 1. Your full name and employee number
- 2. Your contact phone number
- 3. Your leave number
- 4. What you would like to change or add. Please indicate dates and hours of scheduled work missed.



You currently have an Intermittent Leave Usage Form pending. If you need to submit another form, please send an email to hphleaveadministrator@hawaiipacifichealth.org to inform an HPH HR LOA Administrator. Once the pending notification is reviewed, you will receive a reply to your email from an HPH HR LOA Administrator to let you know you are now able to submit a new Intermittent Leave usage Form on LeaveLink. Please allow a few business days to fulfill this request.

Click **CONTACT HUMAN RESOURCES** to send an email to an HPH HR LOA Administrator.

# LeaveLink Identity Authentication Process

As a part of LeaveLink's commitment to protect our employees' personal information, the LeaveLink selfservice website requires you to confirm your identity using a temporary, one-time access code that will be sent to your work email.

### How does this affect you?

If you are applying for a new leave or would like to report your absences under an approved intermittent leave, when you access LeaveLink self-service on or after Feb 23, 2019, there will be a 2-step process to confirm your identity.

### Step 1:

Enter your regular user name and password to log in.

### Step 2:

You will then see this message to authenticate your identity.

• To fina of the foll	alize your login, Hawaii Pacific Health will send a one-time confirmation code to one lowing. Please select the delivery method for this code:
*****Ile.ta	ang@hawaiipacifichealth.org
Submit	Cancel

a. Click on the circle to select your email address and click submit. Once you select the delivery method, you will
receive an email with a one-time confirmation code. Please note the code is only good for 10 minutes from the
time it was requested.

The email will look similar to this:

Do Not Reply
LeaveLink@Sedgwick.com
Sent: Wed 2/6/2019 2:23 PM
To: 🖉 Gramelspacher, Katrina
Do not reply to this email!*****
Your code is: 211934
The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and delete the material from any computer.



**c.** You will then be given the option to input a mobile number where you could receive future authentication codes via text. If you do not wish to enter your mobile number, click Not Now.

Thar where y	you for authenticating your login. Would you like to provide a mobile phone number u could receive future authentication codes via text?
Enter mo	le number (no dashes):
Submit	Not Now

#### This 2-step authentication process will be required every 90 days for security purposes.\*

Once authentication process is completed, please return to step #5 on page 2 to continue with the submission of your absence under your intermittent leave.