Time Tracking: Enter Time Worked and Time Off

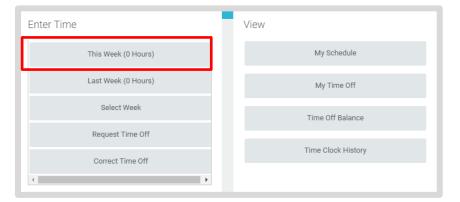
Employee: Exempt (Non-Teachers)

Workday allows employees to be paid accurately and on a timely basis. All CMSD employees will report their time worked. Exempt employees use the Web Calendar to enter hours worked each day. Accurate time entries should be made on a daily basis. Time must be submitted bi-weekly for timekeeper validation and manager approval.

Enter Time for Today using the Web Calendar (Daily)

From the Time application, under Enter Time:

1. Click **This Week**.



- 2. Select the **calendar day** for which you are entering time.
- **3.** Enter the Time Type and Hours.
- 4. Click **OK**.
- 5. Click Done.

Enter Time 09/05/2016
Time Type * X Checked In 🗄
Hours * 8
Details
Comment
10
OK Cancel



Time Tracking: Enter Time Worked and Time Off Employee: Exempt (Non-Teachers)

View Details of Submitted Time

From the Time Entry calendar:

- Click a time block to view detailed information about your time entry.
- 1. Click the **View Details** button.

Worker	Ben Adams						
Date	08/20/2015						
Status	Approved						
Re	ported	Calculated	History				
Report	ed Quantity	3 Hours					
Time Entry Code		Worked Time					
In		08/20/2015 09:00 AM Pacific Time (San Francisco)					
Out		08/20/2015 12:00 PM Pacific Time (San Francisco)					
Out Reason		Out					
Source		User Entered					
Comment		(empty)					

- 6. Click the **Reported** tab to view worked time.
- 7. Click the **Calculated** tab to view calculations.
- 8. Click the **History** tab to view modifications of a particular time entry.

Modify Previously Reported Time

From the Time worklet:

- 1. Click Select Week.
- 2. Select a date within the week you want to edit.
- **3.** Click **OK**. Your reported time displays on the calendar. Approved items display with a green bar on the left side of the time block and an "Approved" status.
- 4. Click the time block. An editable window displays.
- 5. Edit the details of the time block and click **OK** or **Delete**.



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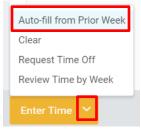


Note: Auto-fill from Prior Week can also be used if your time entry template is configured for it.

Auto-fill from Prior Week

From the Time Entry calendar:

 Click the dropdown arrow next to the Enter Time button at the bottom left of the Time Entry Calendar to view a list of Time Entry Options. Click **Auto-fill from Prior Week**.



2. A form will open, prompting you to select the week you wish to copy. Populate the **Select Week** field.

Auto-fill from Prior Week

Select one of the	weeks below to copy its time blocks to t	he cui
Worker H	Han Solo (40048)	
Start Date	10/01/2016	
End Date	10/07/2016	
Select Week *	select one 🗸 🗸	
Prior Week Hou	select one	
	09/24/2016 - 09/30/2016	_
	09/17/2016 - 09/23/2016	То
	09/10/2016 - 09/16/2016	
Also copy detail	09/03/2016 - 09/09/2016	
	08/27/2016 - 09/02/2016	
ок	Cancel	

3. From here you can copy the details and comments of a prior week by checking the **copy details and comments** box.

Select Week ★	09/24/2016 - 09/	30/2016	\sim
Prior Week Hou	urs 1 item		
Also copy details	s and comments		

4. Click OK.



Time Tracking:Enter Time Worked and Time Off

Request Time Off in Time Tracking

From the Time Off application:

- 1. Click Time Off.
- 2. Select days on the calendar.
- 3. Click Request Time Off.
- 4. Enter the Time Off Type.

Click Submit.

6.

. If Sick Leave is selected a **Certification of Sick Leave** task will need to be completed after time off has been approved.

Note: The Daily Quantity field defaults with your daily scheduled hours and may be editable.

5. Enter the Daily Quantity of hours requested.

Request Ti	ime Off Ben Adams 🚥	
Total: 24 Hours	:	
		^
When	Monday, August 03, 2015 - Wednesday, August 05, 2015	
Type *	X Vacation (Hours)	
Daily Quantity *	8	
Unit of Time	Hours	
Comment		
enter you	ur comment	
Additional Inf	ormation	
Related Links Business Policy [Document	
Attachments		Ø
,		
1		
	Drop files here	
I I		
Submit	Cancel	

For sick leave request, please see addtional steps below.



Certification of Sick Leave:

Archive

Sort By: Newest

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Inbox

Viewing: All

Q Search

Actions

Certification Sick Leave

1 minute(s) ago - Effective 07/13/2020

When Requesting Sick Time Off

From the Time Off application:

- **7.** Employee submits sick time as outlined above.
- 8. Timekeeper/Manager approves Sick Time.
- 9. Employee will receive **Certification of Sick Leave** task in their Workday Inbox.
- **10.** Review the instructions and signature statement, then complete the following:
 - Select **I Agree** box.
 - **Select Files** to attach supporting documentation (if applicable).
 - Enter the requested information in the **Comment** box (if applicable).

Actions Archive Viewing: All Viewing: Newest V Certification Sick Leave: Image: Certification Sick Leave: Image: Certification Sick Leave: C	Certification Sick Leave ** Review Documents for Time Off Request: Actions 1 minute(s) ago - Effective 07/13/2020 **		e.
1 minute(s) ago - Effective 07/13/2020	Documents		
	Document Link Certification of Sick Leave		
	Instructions Per Ohio Revised Code Section 3219,141, The Cleveland Metropolitan School District requires all teaching or non-teaching school employees to furnish a written, signed statement to certify the use of sick leave. I these policies, all employees are negured to certify that taick leave is being used for the allowable reasons defined in the Code. If medical attention in required, your statement hold include the name and address attending physician and the dates when the physician was consulted. Per Ohio Revised Code, falsification of this statement is grounds for suspension or termination of employment under sections <u>3311,182, 3319,16</u> . For additional details, please refer to your collective barganing agreement and/or the CMSD Employee Policies and Procedures Manual via the link above. Thank yoo for completing this required leaves the name and address of the stending physician and the dates when he/ahe were consulted in the comments box below. I finded attention was required please list the name and address of the stending physician and the dates when he/ahe were consulted in the comments box below. I finded our provide on your Collective Barganing Agreement or District policy please attach it in the gray box below. To attach a document drag and drop the document into the gray box, or click into the gray box and browse for the supporting documentation in successful computer.	of the <u>081</u> , and en	
	Signature Statement By checking the box below, I am acknowledging that the sick leave request is used for absence due to personal illness, pregnancy, injury, exposure to contagious diseases which could be communicated to other emp for illness, injury or death in my immediate family. If medical attention was required, I have uploaded supporting documentation and/or listed the name and address of the attending physician and the dates when her consulted in the comments box below.		
	I Agree		
	Drop file here		
	Select files		
	Comment		
	Submit Save for Later Cancel		



Your screens and processes may vary slightly from those described here.	5

Certification of Sick Leave:

Employee: Exempt (Non-Teachers)

Note: The Certification of Sick Leave and any uploaded attachments are saved in the Worker Documents section of the employee profile

- 1. Select **Personal**.
- 2. Select **Documents**.
- 3. Reviewed Documents section displays Certification of Sick Leave attachment.

	Names Personal Information	n IDs Doo	suments						
	Add 4 items Worker Document	Document C	Sategory	Business Process		Alternative Text	File N	Attachments	V]] ╤ L] Upload Date
Email Team	-								
Summary Overview									-
Job Contact	Reviewed Docum Standard Documents 1 item	ents							· · · · · · · · · · · · · · · · · · ·
Personal Career	Document	Effective Date	Document Link	Signature Type	Signed By		Signature Date	Signature Statement	Uploaded Document
Pay Performance Compensation Benefits Time Off	Certification of Sick Leave	07/06/2020	Certification of Sick Leave	Acknowledgment			07/22/2020 04:04:01 PM	By checking the box below, I am acknowledging that the sick leave request is used for absence due to personal illness, pregnancy, injury, exposure to contragious diseases which could be communicated to other employees or for illness, injury or death in my immediate family. If medical attention was required, I have uploaded supporting documentation and/or listed the name and address of the attending physician and the dates when he/she were consulted in the comments box below.	Certification of Sick Leave_uploaded

