Workday allows employees to be paid accurately and on a

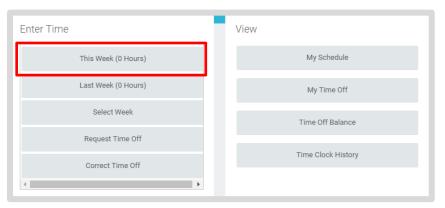
**timely basis.** Teachers, Paras and other CTU members have the Web Calendar available to enter days worked, in single day values. Accurate time entries should be made on a daily basis. Time must be submitted bi-weekly for timekeeper validation and manager approval.

*Note:* Supplemental pay options including class coverages and differential positions are also tracked in the Time application by specifying the Time Type.

### Enter Time for Today using the Web Calendar (Daily)

From the Time application, under Enter Time:

1. Click This Week.



- **2.** Enter the Time Type and Details
  - a. Checked In represents a regular day worked.
  - b. Enter "1" for unit of a day.
- 3. Click OK.
- 4. Click Done.
- 5. Web Calendar users do not need to Check Out.
- 6. Click Submit.



### **Employee: Teachers & Paras**

- **7.** Click **Submit** and verify that the information is accurate.
- 8. Click Submit again for Certification of Effort.

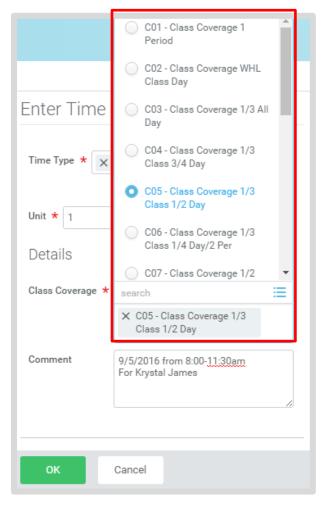
Note: Submit only needs to be done bi-weekly, at the end of each time period.

### **Enter Time for Supplemental Pay or Class Coverage**

To enter Supplemental Pay information including Class Coverages, use the Web Calendar and specify the type of Supplemental Pay under Time Type.

For Class Coverage, from the Time worklet:

- 1. Click on **Time Type**.
- 2. Select Class Coverage.
- 3. Add the Unit.
- 4. Click in the **Details** section to view list of Class Coverage codes.
- 5. Click the appropriate Class Coverage Code.
- 6. Enter Details in the **Comments field**:
  - a. Date and periods of coverage.
  - b. Name of teacher for whom you covered.
- **7.** Click **OK**.



### **Employee: Teachers & Paras**



### **Employee: Teachers & Paras**

#### **Enter Time for In Service & Professional Development**

To enter In Service and Professional Development time, use the Web Calendar and specify the Time Type.

For Professional Development, from the Time application:

- 1. Click on **Time Type**.
- 2. Select the appropriate **Professional Development** option.
- **3.** Add the appropriate unit of **hours or days**.
- 4. Enter Details in the **Comments field**:
  - a. Name of Professional Development or In Service.
  - b. Location of Professional Development or In Service.
- 5. Click OK

Enter Tin	ne 10/03/2016
1 Time Type ★	X Professional Development - Hours
	search
	In Service (Presenters)
Hours <b>*</b> 0	In Service Participant (Certified)
Details	CTAG Certified
Comment	Packing & Moving from School to School
	Academic Achievement Plan
	Professional Development - Hours
ок	Professional Development - Daily

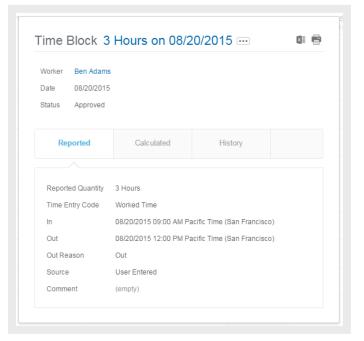




#### **View Details of Submitted Time**

From the Time Entry calendar:

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



- 2. Click the **Reported** tab to view worked time.
- 3. Click the **Calculated** tab to view calculations.
- 4. Click the **History** tab to view the modifications of a particular time entry.

### **Modify Previously Reported Time**

From the Time application:

- 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**. Enter a comment.

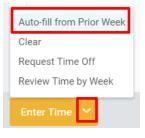


Note: Auto-fill from Prior Week can also be used if your time entry template is configured for it.

### **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 froi	m Prior Week	
Select one of the	weeks below to copy its time blocks to the	cui
	Han Solo (40048) 10/01/2016	
End Date	10/07/2016	
Select Week ★	select one 🗸 🗸	
Prior Week Hou	select one 09/24/2016 - 09/30/2016	То
Also copy detail	09/17/2016 - 09/23/2016 09/10/2016 - 09/16/2016 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	<b>irs</b> 1 item		
		_	
Also copy detail	s and comments		

4. Click **OK**.

### **Employee: Teachers & Paras**



#### **Request Time Off**

Teachers and Paras do <u>not</u> use Workday for reporting Time Off. Teachers and Paras report time off through SmartFind Express as done previously.

An integration between Workday and SmartFind Express autopopulates the Workday web calendars of teachers and paras with their time off reported in SmartFind Express.



## **Certification of Sick Leave:**

#### **Requesting Sick Time Off Via Smartfind Express**

- **1.** Time off is entered via SmartFind Express.
- 2. A **Certification of Sick Leave** task generates in the employee's Workday Inbox.
- **3.** 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 Viewing: All  Viewing:		Certification S Review Documer	ts for Time Off Request:	, - දුදුදු	e,
		minute(s) ago - Effective (	7/13/2020		
Certification Sick Leave: 1 minute(s) ago - Effective 07/13/20	D20 公	Documents			
		Document Link	Certification of Sick Leave		
		Instructions	Per Ohio Revised Code Section 3319.141, 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. these policies, all employees are required to certify that sick leave is being used for the allowable reasons defined in the Code. If medical attention is required, your statement should include the name and address attending physician and the dates when the physician was consulted. Pro Ohio Revised Code, falsification of this statement is grounds for suspension or termination of employment under sections <u>3311.92</u> , 19319.105. For additional details, please refer to your collective bargaining agreement and/or the CMSD Employee Policies and Procedures Manual via the link above. Thank you for completing this required step whe requesting Sick Leave. I finedical attention was required please list the name and address of the attending physician and the dates when he/she were consulted in the comments box below. I fisuporting documentation is required based on your Collective Bargaining 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 on your computer.	s of the . <u>081</u> , and ien	
		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 em 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 consulted in the comments box below.		
		T Agree			
			Drop file here		
			or		
			Select files		
	<b>C</b>	Comment			
		Submit	Save for Later Cancel		



5

### **Certification of Sick Leave**



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

### **Employee: Teachers & Paras**

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

		Names Personal Information	IDs Doc	uments						
		Add								
		4 items								
		Worker Document	Document C	ategory	Business Process				Attachments	
							Alternative Text	File N	ame	Upload Date
	品									
Email	Team									
Summary										
Overview										
		4								
Job		Deviewed Deeve	anta							
Contact		Reviewed Docum	ents							
Personal										
		Document	Effective Date	Document Link	Signature Type	Signed By		Signature Date	Signature Statement	Uploaded Document
Career		Certification of Sick Leave	07/06/2020	Certification of Sick Leave	Acknowledgment			07/22/2020	By checking the box below, I am acknowledging that the sick leave	Certification of Sick
			0770072020					04:04:01 PM	request is used for absence due to	Leave_uploaded
Рау	•		07/00/2020					04:04:01 PM	request is used for absence due to personal illness, pregnancy, injury, exposure to contagious diseases	Leave_uploaded
Pay Performance			07/00/2020					04:04:01 PM	request is used for absence due to personal illness, pregnancy, injury, exposure to contagious diseases which could be communicated to other employees or for illness, injury or death in my immediate family. If	
Career Pay Performance Compensati Benefits			0770072020					04:04:01 PM	request is used for absence due to personal illness, pregnancy, injury, exposure to contagious diseases which could be communicated to other employees or for illness, injury	