



Self-Service Online Leave Application System

SOLAS Phase VII

HR Connect

Fall 2015

Agenda

- SOLAS Review
 - Phase I - VII
 - Who is in SOLAS
 - Type of Leaves in SOLAS
- SOLAS Phase VII
 - Minor/Major Enhancements
 - Military Leaves
 - Workers' Compensation
 - E-Bank Employees
 - Eligibility
 - Application Process in SOLAS
 - Roles
 - Assisting Secretaries and Principals

SOLAS has been launched in phases

Non-Supervisory Pedagogues (Teacher-Line Staff)

Phase I



- Non-Medical Leaves

Phase II



- Medical Leaves
- Maternity Leaves

Phase III



- Line of Duty Injury (LODI)

Phase IV



- Study Sabbatical (non-supervisory pedagogues)

SOLAS has been launched in phases

Phase V



- Educational Paras

Phase VI



- Intention Notification System (INS)

Phase VII



- Military
- Workers' Comp
- E-Bank

Future Phases



- CSA (Supervisory)
- H-Bank
- Enhancements

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Who can use SOLAS, currently?

Non-Supervisory Pedagogues

- Teachers
- Guidance Counselors
- School Psychologists
- Payroll Secretaries
- School Social Workers,
- Lab Specialists, etc.

Education Paraprofessionals

- Teacher Aides
- Educational Assistants
- Educational Associates
- Auxiliary Trainers
- Bilingual Professional Assistants

Which leave types are currently available in SOLAS?

Non-Medical Leaves

- Maternity
- Child Care
- Adjustment of Personal Affairs
- Care of a Sick Family Member
- Study Sabbatical
- Leave for Study (Non Sabbatical)
- Study Outside the US
- Study - Training in Metro Area
- Study - Fulbright Scholarship
- Peace Corps
- Public Service
- Teacher Exchange Program (Paid)
- Teacher Exchange Program (Unpaid)
- Work for CUNY
- Work for SUNY
- Work for Charter School
- Work for VISTA (AmeriCorps)
- Work for Union

Medical Leaves

- Restoration of Health
- Health Sabbatical
- Line of Duty Injury (LODI)

SOLAS Phase VII

Enhancements

E-Bank
employees

Military Leaves

Workers'
Compensation

What's the Response Time?

Leave Type	Secretaries	Principals
Restoration of Health / Personal Illness	10 days to verify timekeeping	10 days to acknowledge
Maternity Disability	10 days to verify timekeeping	10 days to acknowledge
Maternity / Childcare	10 days to verify timekeeping	10 days to acknowledge
Teaching/ Serve as a school secretary	N/A	10 days to acknowledge
Care of Sick Family Member	N/A	10 days to acknowledge
Study	N/A	10 days to acknowledge
Childcare	N/A	10 days to acknowledge
Sabbatical	N/A	10 days to acknowledge
LODI	No auto verify	10 days to acknowledge / disapproval (recommendation)
Workers Comp	10 days to verify timekeeping	10 days to acknowledge / approve
Military	10 days to verify timekeeping	10 days to acknowledge

SOLAS Enhancements - Minor

- Superintendent determination on Principal Tab
- New Status: Partial Approval
- Leave Secretary prompted to "Save"
- "Role" label added to comment
- Docs (CIR and written statement) carried over into new case
- Rejected documents remain viewable (Back Office)

New Status: Partial Approval

Leave Application Details

Application
 Supporting Documentation
 Timekeeping Verification
 Principal / Supervisor Acknowledgment
 Check for OPI Problem Code
 Leave Specialist Review
 Medical Review
 Leave Specialist Finalization

Medical Determination : Partially Approve

Requested Start Date: 01/05/2015 **Requested End Date:** 06/30/2015

Approved Leave Start Date: 01/05/2015 **Approved Leave End Date:** 06/17/2015

Denied Requested Leave Date Ranges: 6/18/2015 to 06/30/2015

Medical Determination : Partially Approve
Requested Start Date: 01/05/2015 **Requested End Date:** 06/30/2015
Approved Leave Start Date: 01/05/2015 **Approved Leave End Date:** 06/17/2015
Denied Requested Leave Date Ranges: 6/18/2015 to 06/30/2015

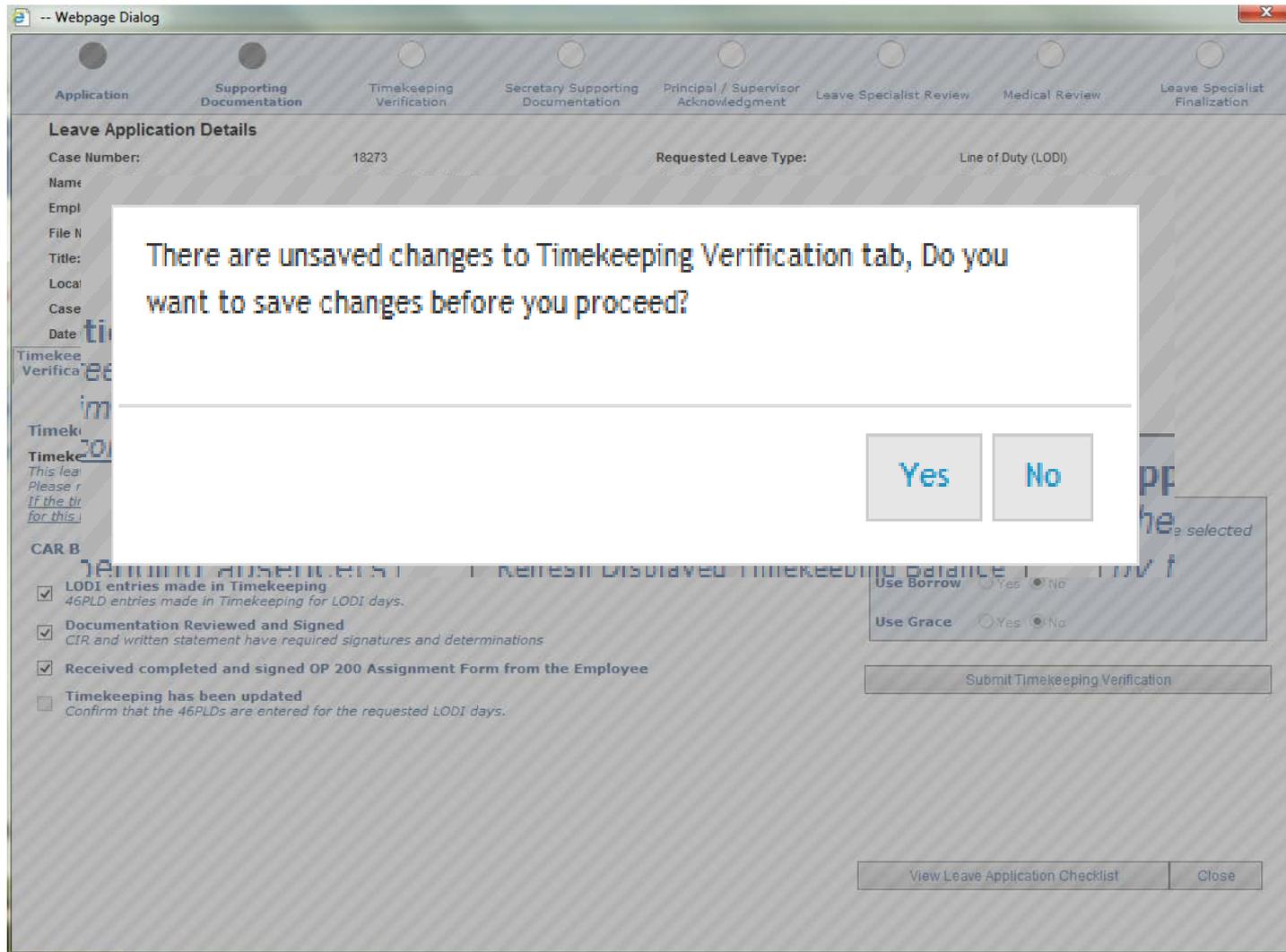
Application Timekeeping Request
The following timekeeping options were selected by the applicant.

Use Borrow Yes No # Borrow Days to Use

Use Grace Yes No # Grace Days to Use

	Approved Reason Code	Approved Start Date	Approved End Date	Transaction Status
<input checked="" type="checkbox"/>	41B01 - Borrow	01/05/2015	02/02/2015	Timekeeping
<input checked="" type="checkbox"/>	46GRN - Grace Period - Not Returning	02/03/2015	03/02/2015	Timekeeping
<input checked="" type="checkbox"/>	2FH - FMLA Restoration of Health Regular Appointed	03/03/2015	03/27/2015	FMLA
<input checked="" type="checkbox"/>	2HR - Lv W/O Pay-Restoratn Of Health (Pen Cr Rec)S	03/28/2015	06/17/2015	Pending

Leave Secretary Prompted to Save Work



Documents Carry Over to New Cases

- In instances where a LODI or WC has been denied, the applicant and Leave Secretary will not need to upload a new CIR and Written Statement should a second application be submitted.
- Birth Certificate will carry over to child care extension

SOLAS Enhancements - Major

- Supporting Documents
- Return of case to leave secretary

Return of Case to Leave Secretary

Leave Application Details

- Principal Review
- Timekeeping Verification
- Supporting Documentation
- Leave Specialist Review & Finalization
- Comments
- Add'l Details

If the timekeeping balance below is not correct, please correct timekeeping in EIS and refresh / verify timekeeping here, for this leave application.

CAR Balance 0 Days: 0 day(s), 0 pending absence(s) Refresh Displayed Timekeeping Balance

Type	NA	Effective Date	End Date
CAR:	<input type="checkbox"/>	[Effective Date] ...	[End Date] ...
Borrow:	<input type="checkbox"/>	[Effective Date] ...	[End Date] ...
Grace:	<input type="checkbox"/>	[Effective Date] ...	[End Date] ...

Application Timekeeping Request

The following timekeeping options were selected by the applicant:

Use Borrow Yes No # Borrow Days to Use
Use Grace Yes No

I have read and understand the rules regarding Direct Deposit
[Click here for instructions](#). Please note that if the employee is not returning to service, you must stop the direct deposit before the start of the Grace Period (46GRN).

Timekeeping is correct
The timekeeping information for this applicant is accurate and up to date.

Personal Illness
This absence is a personal illness.

FMLA Eligibility

Employee is eligible for FMLA

Save Timekeeping Verification

- Close Application for Administrative Purposes
- Re-Open Case
- Return to Leave Secretary
- View Leave Application Checklist
- Close

Return of Case to Leave Secretary

Leave Application Details

Application

Supporting Documentation

Timekeeping Verification

Principal / Supervisor Acknowledgment

Medical Review

Leave Specialist Review

Leave Specialist Finalization

Leave Application Details

Case Number:

Name of Applicant:

Employee ID:

File Number:

Title:

Location: 32K349

Siebel Case #: Yes No

Requested Leave Type: Maternity/Child Care

Application Status: Awaiting Timekeeping Verification

Requested Leave Start Date: 10/13/2015

Requested Leave End Date: 6/30/2016

Application Submission Date: 10/14/2015

Auto Close Date: NA

Case Close Date: NA

Principal Review

Timekeeping Verification

Supporting Documentation

Leave Specialist Review & Finalization

Comments

Add'l Details

If the timekeeping balance below is not correct, please correct timekeeping in EIS and refresh / verify timekeeping here, for this leave application.

CAR Balance 0 Days: 0 day(s), 0 pending absence(s)

Refresh Displayed Timekeeping Balance

Type	NA	Effective Date	End Date
CAR:	<input type="checkbox"/>	[Effective Date] ...	[End Date] ...
Borrow:	<input type="checkbox"/>	[Effective Date] ...	[End Date] ...
Grace:	<input type="checkbox"/>	[Effective Date] ...	[End Date] ...

Application Timekeeping Request
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Use Borrow Yes No # Borrow Days to Use

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Save Timekeeping Verification

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Timekeeping is correct
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Personal Illness
This absence is a personal illness.

FMLA Eligibility

Employee is eligible for FMLA

Close Application for Administrative Purposes

Re-Open Case

Return to Leave Secretary

View Leave Application Checklist

Close

What's New in SOLAS?

- Military Leaves
- Workers' Compensation Leaves
- Select E-Bank Full-Time Hourly Titles (E745)
 - Family Paraprofessionals
 - Health Service Aides
 - School Aides
 - Supervisor School Aides
- LODI assault for E-Bank

“Military Purposes”

Five separate non-medical leaves:

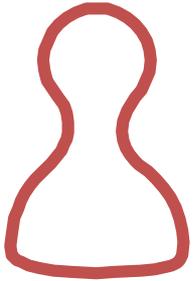
- Military Service (Operations)
- Military Service (Training and Reserves)
- Spouse in Military
- Exigent Circumstances (FMLA, 12 Wk max.)
- Military Caregiver (FMLA, 26 Wk. max.)

Military Leaves

FMLA Leave for Military Families

- **Qualifying Family Exigency**
 - Eligible employee must be the spouse, child or parent of the military member
 - Circumstances related to a deployment (ex. legal, financial, childcare, and other arrangements)
 - Regular FMLA leave (12 weeks of coverage)
- **Military Caregiver**
 - Leave to care for a Spouse, Child, Parent or Next of Kin injured while on active duty
 - 26 weeks of coverage

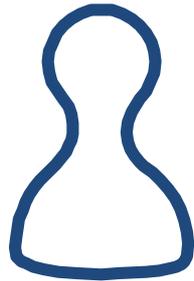
SOLAS Processing Roles – Military Leave



Applicant

Apply online

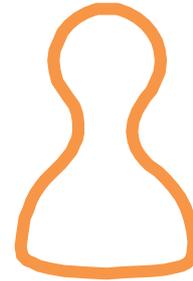
Submit supporting documents



Principal

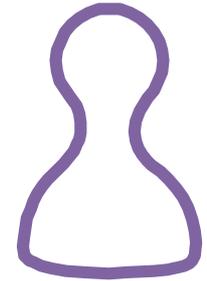
Acknowledge

Monitor leave status



Leave Secretary

Complete timekeeping checklist



HR Connect

Review eligibility and documentation

DOE Military Liaison calculates Salary Differential

Enter final determination in SOLAS

Respond to SOLAS inquiries

Submitting an Application for: Military Service (Training & Reserve)



1 Is your leave request due to medical or health issues? (includes yourself or a living family member)

- Yes
- No

2 Select the leave category that best fits the reason you are applying for a leave of absence.

- Adjustment of Personal Affairs (Personal Business)
- Child Care / Adoption / Guardianship
- Maternity / Child Care
- Military Purposes
- Other Available Non-Medical Leaves
- Outside Employment or Service
- Retirement / Resignation
- Study Non-Sabbatical
- Study Sabbatical
- Teaching

Back

Start Over

Exit



- Study Sabbatical
- Teaching

3 Select the type of Military leave

- Military Service (Operations)
- Military Service (Training and Reserves)
- Spouse in Military
- Military Caregiver
- Exigent Circumstances

4 What is the effective start date of your leave?

10/26/2015 

5 [Redacted] your military orders

Oct 2015

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Contact Information Confirmation

Leave Selection

Leave Overview and Tasks

E-signature and Submission

- Study Sabbatical
- Teaching

3 Select the type of Military leave

- Military Service (Operations)
- Military Service (Training and Reserves)
- Spouse in Military
- Military Caregiver
- Exigent Circumstances

4 What is the effective start date of your leave?

10/26/2015 

5 Enter the number of calendar days in your military orders

90

Contact Information Confirmation

Leave Selection

Leave Overview and Tasks

E-signature and Submission

Contact Person 1

First Name:	<input type="text" value="Sarah"/>	Last Name:	<input type="text" value="Palma"/>		
Relationship:	<input style="border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="Sibling"/>	Apt:	<input type="text" value="1A"/>		
Address:	<input type="text" value="12-34 Fake Street"/>	State:	<input style="border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="New York"/>	Zip:	<input type="text" value="11101"/>
City:	<input type="text" value="Long Island City"/>	Email Address:	<input type="text" value="spalma@email.com"/>		
Phone Number:	<input type="text" value="(718) 123-4567"/>				

Contact Person 2

First Name:	<input type="text" value="Joseph"/>	Last Name:	<input type="text" value="Palma"/>		
Relationship:	<input style="border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="Parent"/>	Apt:	<input type="text"/>		
Address:	<input type="text" value="532 Michigan Avenue"/>	State:	<input style="border: none; border-bottom: 1px solid black; padding: 2px 5px;" type="text" value="Illinois"/>	Zip:	<input type="text" value="60609"/>
City:	<input type="text" value="Chicago"/>	Email Address:	<input type="text" value="JPALMA@email.com"/>		
Phone Number:	<input type="text" value="(646) 236-5695"/>				



Leave Information and Application Process

Checklist

Tasks	Responsibility	Status	Date Completed	More Information
Self service online Leave Application (in Progress now)	Applicant	In Progress		i
Military Orders [Required] <div style="text-align: right; margin-top: 5px;"> <input type="button" value="Upload Files(s)..."/> </div> Click Upload Files(s) to upload Support Documents.	Applicant	Not Received		i
Additional Supporting Documentation [Optional] <div style="text-align: right; margin-top: 5px;"> <input type="button" value="Upload Files(s)..."/> </div> Click Upload Files(s) to upload Support Documents.	Applicant	Not Received		i

If you have read and understand the information above and wish to submit an online application, please enter your requested leave start and end dates below and click 'Continue'. You can click the 'Back' button to go back to previous page if you need to make changes to your requested leave dates or any other information.

Requested 1st Day of Absence

Expected End Date

Contact Information Confirmation

Leave Selection

Leave Overview and Tasks

E-signature and Submission

Upload Supporting Document(s)

Close

Step 1

Please select a file to upload

Browse...

Next

Leave Information and Ap

Self service online Leave

Military Orders [Required

Additional Supporting Do

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back to previous page if you

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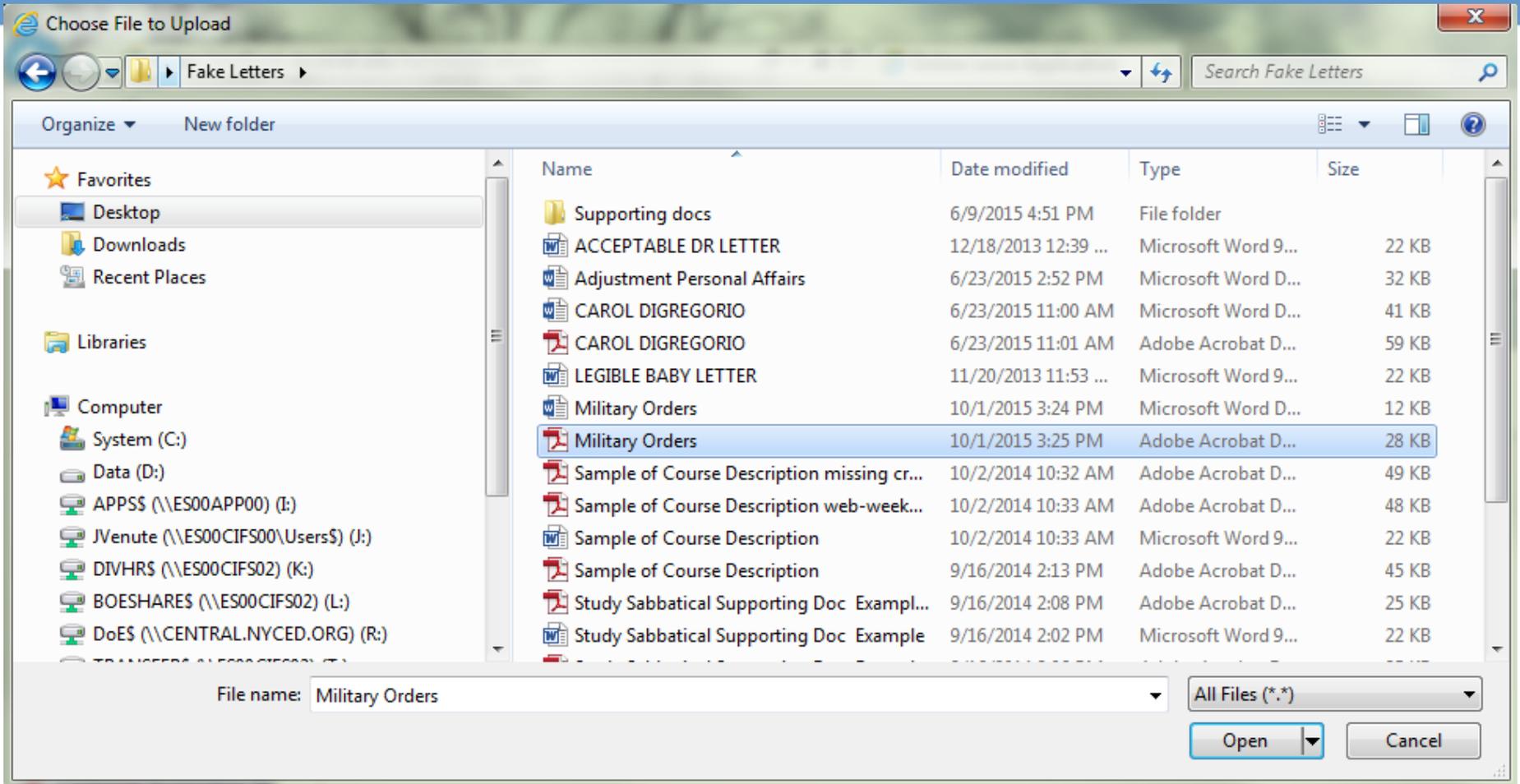
More Information



Click the 'Back' button to go

er

Exit



Next

Upload Supporting Document(s)

Close

Step 1

Please select a file to upload

Browse...

✗ Military Orders.pdf

Next

Cancel

Next

- 22 KB
- 32 KB
- 41 KB
- 59 KB
- 22 KB
- 12 KB
- 28 KB
- 49 KB
- 48 KB
- 22 KB
- 45 KB
- 25 KB
- 22 KB

Upload Supporting Document(s)

Close

Step 2

Please select the supporting documents represented in this file. If the file represents more than one supporting document, please select all supporting documents that apply.

Supporting Documents

- Military Orders
- Additional Supporting Documentation

Previous

Next

Contact In

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Military Orders [Rec

Additional Supportin

If you have read and ur
back to previous page if

Requested

Submission

More Information



the 'Back' button to go

Exit

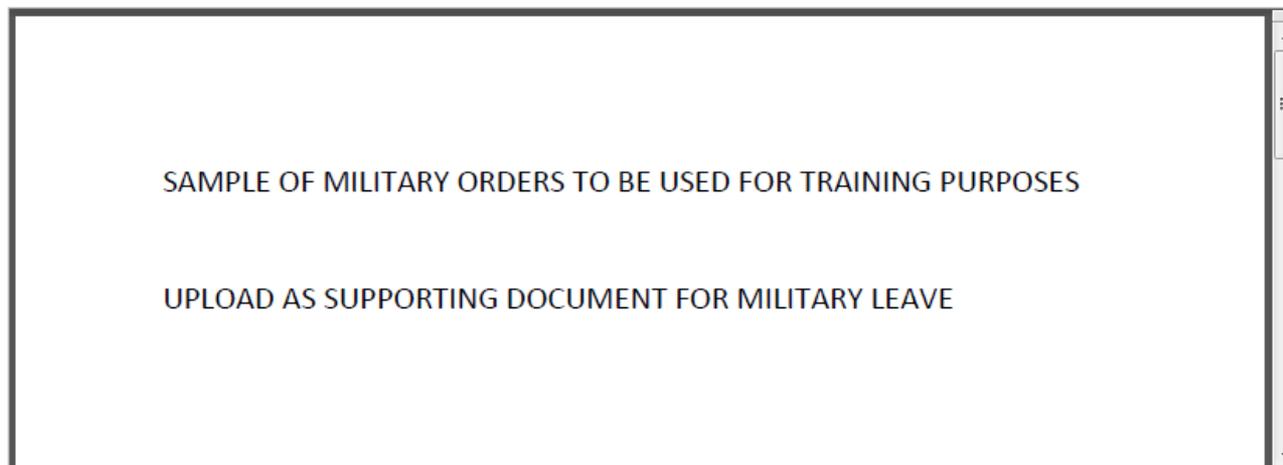
Upload Supporting Document(s)

Close

Step 3

Please confirm that the file you selected represents the supporting documents you wish to upload.

Files	Supporting Documents
Military Orders.pdf	Military Orders



Previous

Confirm and Upload Supporting Document(s)

Information



button to go

Exit



Leave Information and Application Process

Checklist

Tasks	Responsibility	Status	Date Completed	More Information
 Self service online Leave Application (in Progress now)	Applicant	In Progress		
 Military Orders [Required] \es00cifs00\users\SJVENUTE\WINNT\System\Desktop\Fake Letters\Military Orders.pdf <input type="button" value="Upload Files(s)..."/>	Applicant	Received	10/1/2015	
Click Upload Files(s) to upload Support Documents.				
 Additional Supporting Documentation [Optional] <input type="button" value="Upload Files(s)..."/>	Applicant	Not Received		
Click Upload Files(s) to upload Support Documents.				

If you have read and understand the information above and wish to submit an online application, please enter your requested leave start and end dates below and click 'Continue'. You can click the 'Back' button to go back to previous page if you need to make changes to your requested leave dates or any other information.

Requested 1st Day of Absence 

Expected End Date 

Submitting an Application: Spouse in Military

Contact Information Confirmation

Leave Selection
Military

Leave Overview and Tasks

E-signature and Submission

1 Is your leave request due to medical or health issues? (includes yourself or a living family member)

- Yes
- No

2 Select the leave category that best fits the reason you are applying for a leave of absence.

- Adjustment of Personal Affairs (Personal Business)
- Child Care / Adoption / Guardianship
- Maternity / Child Care
- Military Purposes
- Other Available Non-Medical Leaves
- Outside Employment or Service
- Retirement / Resignation
- Study Non-Sabbatical
- Study Sabbatical
- Teaching

3 Select the type of Military leave

- Military Service (Operations)
- Military Service (Training and Reserves)
- Spouse in Military
- Military Caregiver
- Exigent Circumstances



Leave Information and Application Process

Checklist

Tasks	Responsibility	Status	Date Completed	More Information
Self service online Leave Application (in Progress now)	Applicant	In Progress		
Military Orders [Required] Click Upload Files(s) to upload Support Documents.	Applicant	Not Received		
Proof of relationship to military member [Required] Click Upload Files(s) to upload Support Documents.	Applicant	Not Received		
Additional Supporting Documentation [Optional] Click Upload Files(s) to upload Support Documents.	Applicant	Not Received		

If you have read and understand the information above and wish to submit an online application, please enter your requested leave start and end dates below and click 'Continue'. You can click the 'Back' button to go back to previous page if you need to make changes to your requested leave dates or any other information.

Requested 1st Day of Absence

Expected End Date



Leave Information and Application Process

Checklist

Tasks	Responsibility	Status	Date Completed	More Information
Self service online Leave Application (in Progress now)	Applicant	In Progress		
Military Orders [Required] \es00cifs00\users\SJVENUTEWINNT\System\Desktop\Fake Letters\Military Orders.pdf <input type="button" value="Upload Files(s)..."/> <p>Click Upload Files(s) to upload Support Documents.</p>	Applicant	Received	10/2/2015	
Proof of relationship to military member [Required] \es00cifs00\users\SJVENUTEWINNT\System\Desktop\Fake Letters\EXAMPLE OF MARRIAGE LICENSE.pdf <input type="button" value="Upload Files(s)..."/> <p>Click Upload Files(s) to upload Support Documents.</p>	Applicant	Received	10/2/2015	
Additional Supporting Documentation [Optional] <input type="button" value="Upload Files(s)..."/> <p>Click Upload Files(s) to upload Support Documents.</p>	Applicant	Not Received		

If you have read and understand the information above and wish to submit an online application, please enter your requested leave start and end dates below and click 'Continue'. You can click the 'Back' button to go back to previous page if you need to make changes to your requested leave dates or any other information.

Requested 1st Day of Absence

Expected End Date

Submitting an Application: Military Caregiver

Contact Information Confirmation

Leave Selection

Leave Overview and Tasks

E-signature and Submission

1 Is your leave request due to medical or health issues? (includes yourself or a living family member)

- Yes
- No

2 Select the leave category that best fits the reason you are applying for a leave of absence.

- Adjustment of Personal Affairs (Personal Business)
- Child Care / Adoption / Guardianship
- Maternity / Child Care
- Military Purposes
- Other Available Non-Medical Leaves
- Outside Employment or Service
- Retirement / Resignation
- Study Non-Sabbatical
- Study Sabbatical
- Teaching

3 Select the type of Military leave

- Military Service (Operations)
- Military Service (Training and Reserves)
- Spouse in Military
- Military Caregiver
- Exigent Circumstances

3 Select the type of Military leave

- Military Service (Operations)
- Military Service (Training and Reserves)
- Spouse in Military
- Military Caregiver
- Exigent Circumstances

4 What is your relationship to the person that was injured in active duty?

- Spouse
- Son / Daughter
- Parent
- Registered Domestic Partner
- Next of kin
- None

Back

Continue

Start Over

Exit



Leave Information and Application Process

Checklist

Tasks	Responsibility	Status	Date Completed	More Information
Self service online Leave Application (in Progress now)	Applicant	In Progress		i
✗ Proof that the applicant's relation is a current military member of the Armed Forces and is on the temporary disability retired list [Required] <input type="button" value="Upload Files(s)..."/> Click Upload Files(s) to upload Support Documents.	Applicant	Not Received		i
✗ Letter from the doctor of the injured person [Required] <input type="button" value="Upload Files(s)..."/> Click Upload Files(s) to upload Support Documents.	Applicant	Not Received		i
✗ Additional Supporting Documentation [Optional] <input type="button" value="Upload Files(s)..."/> Click Upload Files(s) to upload Support Documents.	Applicant	Not Received		i

If you have read and understand the information above and wish to submit an online application, please enter your requested leave start and end dates below and click 'Continue'. You can click the 'Back' button to go back to previous page if you need to make changes to your requested leave dates or any other information.

Requested 1st Day of Absence

Expected End Date



Leave Information and Application Process

Checklist

Click **Upload Files(s)** to upload Support Documents.

If you have read and understand the information above and wish to submit an online application, please enter your requested leave start and end dates below and click 'Continue'. You can click the 'Back' button to go back to previous page if you need to make changes to your requested leave dates or any other information.

Requested 1st Day of Absence

Expected End Date

Forces and is on the temporary disability retired list [Required]

Click **Upload Files(s)** to upload Support Documents.

<input checked="" type="checkbox"/> Letter from the doctor of the injured person [Required]	<input type="text" value="\\es00cifs00\users\SUVENUTE\WINNT\System\Desktop\Fake Letters\Military Orders.pdf"/> <input type="button" value="Upload Files(s)..."/>	Applicant	Received	10/2/2015	
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Additional Supporting Documentation [Optional]

Applicant Not Received

Click **Upload Files(s)** to upload Support Documents.

If you have read and understand the information above and wish to submit an online application, please enter your requested leave start and end dates below and click 'Continue'. You can click the 'Back' button to go back to previous page if you need to make changes to your requested leave dates or any other information.

Requested 1st Day of Absence

Expected End Date

Submitting an Application: Exigent Circumstances

3 Select the type of Military leave

- Military Service (Operations)
- Military Service (Training and Reserves)
- Spouse in Military
- Military Caregiver
- Exigent Circumstances

4 What is your relationship to the Military member?

- Spouse
- Son
- Daughter
- Parent
- Other

5 What is your Exigent Circumstance?

- Child care and School Activities
- Financial / Legal Arrangements
- Military Events / Related Activities
- Post Deployment Activities
- Rest and Recuperation
- Short Notice Deployment
- Therapy / Counseling



Leave Information and Application Process

Checklist

Tasks	Responsibility	Status	Date Completed	More Information
Self service online Leave Application (in Progress now)	Applicant	In Progress		
Letter with details of exigent circumstance [Required] Click Upload Files(s) to upload Support Documents.	Applicant	Not Received		
Military Orders [Required] Click Upload Files(s) to upload Support Documents.	Applicant	Not Received		
Proof of Relationship to covered military member [Required] Click Upload Files(s) to upload Support Documents.	Applicant	Not Received		
Additional Supporting Documentation [Optional] Click Upload Files(s) to upload Support Documents.	Applicant	Not Received		

If you have read and understand the information above and wish to submit an online application, please enter your requested leave start and end dates below and click 'Continue'. You can click the 'Back' button to go back to previous page if you need to make changes to your requested leave dates or any other information.

Requested 1st Day of Absence

Expected End Date

Submitting an Application: Military Service (Operations)



Contact Information Confirmation

Leave Selection

Leave Overview and Tasks

E-signature and Submission

- Study Sabbatical
- Teaching

3 Select the type of Military leave

- Military Service (Operations)
- Military Service (Training and Reserves)
- Spouse in Military
- Military Caregiver
- Exigent Circumstances

4 Which of the following operations do your military orders involve?

- Operation Enduring Freedom
- Operation Iraqi Freedom
- Operation Noble Eagle
- Operation Connected with Homeland Security
- Other

Back

Start Over

Exit

Contact Information Confirmation

Leave Selection

Leave Overview and Tasks

E-signature and Submission

4 Which of the following operations do your military orders involve?

- Operation Enduring Freedom
- Operation Iraqi Freedom
- Operation Noble Eagle
- Operation Connected with Homeland Security
- Other

5 What is the effective start date of your leave?

Back

Start Over

Exit

4 Which of the following operations do your military orders involve?

- Operation Enduring Freedom
- Operation Iraqi Freedom
- Operation Noble Eagle
- Operation Connected with Homeland Security
- Other

5 What is the effective start date of your leave?

11/30/2015



6 Enter the number of calendar days in your military orders

90

Done

Back

Start Over

Exit

7 Expected leave end date (if the date below is incorrect)

02/28/2016



8 Enter information for two Contact Persons that we can contact if we are unable to reach you while on military duty. One of the contacts must be in the

Contact Person 1

First Name:	<input type="text" value="Sarah"/>	Last Name:	<input type="text" value="Palma"/>		
Relationship:	<input type="text" value="Sibling"/> ▼				
Address:	<input type="text" value="12-34 Fake Street"/>		Apt:	<input type="text" value="1A"/>	
City:	<input type="text" value="Long Island City"/>	State:	<input type="text" value="New York"/> ▼	Zip:	<input type="text" value="11101"/>
Phone Number:	<input type="text" value="(718) 123-4567"/>		Email Address:	<input type="text" value="spalma@email.com"/>	

Contact Person 2

First Name:	<input type="text" value="Joseph"/>	Last Name:	<input type="text" value="Palma"/>		
Relationship:	<input type="text" value="Parent"/> ▼				
Address:	<input type="text" value="532 Michigan Avenue"/>		Apt:	<input type="text"/>	
City:	<input type="text" value="Chicago"/>	State:	<input type="text" value="Illinois"/> ▼	Zip:	<input type="text" value="60609"/>
Phone Number:	<input type="text" value="(646) 236-5695"/>		Email Address:	<input type="text" value="JPALMA@email.com"/>	

Continue

Back

Start Over

Exit



Leave Information and Application Process

Checklist

Tasks	Responsibility	Status	Date Completed	More Information
Self service online Leave Application (in Progress now)	Applicant	In Progress		i
Military Orders [Required] Click Upload Files(s) to upload Support Documents. <input data-bbox="788 589 923 615" type="button" value="Upload Files(s)..."/>	Applicant	Not Received		i
LES - Leave and Earning Statement [Required] Click Upload Files(s) to upload Support Documents. <input data-bbox="788 651 923 676" type="button" value="Upload Files(s)..."/>	Applicant	Not Received		i
EMBP - Extended Military Benefits Package [Required] Click Upload Files(s) to upload Support Documents. <input data-bbox="788 714 923 739" type="button" value="Upload Files(s)..."/>	Applicant	Not Received		i
Additional Supporting Documentation [Optional] Click Upload Files(s) to upload Support Documents. <input data-bbox="788 775 923 801" type="button" value="Upload Files(s)..."/>	Applicant	Not Received		i

If you have read and understand the information above and wish to submit an online application, please enter your requested leave start and end dates below and click 'Continue'. You can click the 'Back' button to go back to previous page if you need to make changes to your requested leave dates or any other information.

Requested 1st Day of Absence

Expected End Date

Back Office Roles –Secretary

Leave Processing

[826497], LeaveSecretary

Logout

Application
Supporting Documentation
Principal / Supervisor Acknowledgment
Check for OPI Problem Code
Timekeeping Verification
Leave Specialist Review
DOE Military Liaison Review
Leave Specialist Finalization

Leave Application Details

<p>Case Number: [Redacted]</p> <p>Name of Applicant: [Redacted]</p> <p>Employee ID: [Redacted]</p> <p>File Number: [Redacted]</p> <p>Title: [Redacted]</p> <p>Location: [Redacted]</p> <p>Case Close Date: [Redacted]</p>	<p>Requested Leave Type: Military - Military Operations</p> <p>Application Status: Awaiting Timekeeping Verification</p> <p>Requested Leave Start Date: 11/30/2015</p> <p>Requested Leave End Date: 2/28/2016</p> <p>Application Submission Date: 10/2/2015</p> <p>Auto Close Date: NA</p>
--	--

Timekeeping Verification
Supporting Documentation
Comments
Add'l Details

Timekeeping Verification

Timekeeping Verification Status: Pending Verification of Timekeeping
This leave application requires that the applicant's timekeeping be verified as correct. Please review the applicant's timekeeping and confirm timekeeping accuracy below. If the timekeeping balance below is not correct, please correct timekeeping in EIS and refresh / verify timekeeping here, for this leave application.

First 30 days of Military Training

Start Date:
End Date:

- First 30 days of Military training code entries are made in timekeeping**
50DOO - Ed Para / 40DOO - Teacher Line / 60DOO - E bank(DC 37 Family Para,School aids, etc..) entries made in timekeeping
- Documentation - Reviewed, Signed and notarized**
LES,EBMP,Military orders have required signatures, determinations and notarizations.

Submit Timekeeping Verification

View Leave Application Checklist
Close

1 Leave

Only

PALMA

Prev

Back Office Roles –Principal

Leave Processing

[665822], Principal

[Logout](#)

[Leave Applications](#)



Search



Name of Applicant	Empl Id	Location/ BFSC	Leave Type	Start Date	End Date	# of Days	Age of Request	Awaiting	Action	Status
			Restoration of Health	09/12/14	12/05/14	85	361 days old			Auto-Denied
			Restoration of Health	09/12/14	12/05/14	85	324 days old			Withdrawn
			Maternity/Child Care	09/12/2014	12/04/2014	85	0 days old			Approved
			Military	10/26/15	01/24/16	91	1 days old			Withdrawn
			Military	11/30/15	02/28/16	91	0 days old	Acknowledge		Awaiting Principal Review

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-- Webpage Dialog

Application

Supporting Documentation

Principal / Supervisor Acknowledgment

Check for OPI Problem Code

Timekeeping Verification

Leave Specialist Review

DOE Military Liaison Review

Leave Specialist Finalization

Leave Application Details

Case Number:

Name of Applicant:

Employee ID:

File Number:

Title:

Location:

Case Close Date:



NA

Requested Leave Type:

Application Status:

Requested Leave Start Date:

Requested Leave End Date:

Application Submission Date:

Auto Close Date:

Military - Military Operations

Awaiting Principal Review

11/30/2015

2/28/2016

10/2/2015

NA

Principal Review

Supporting Documentation

Comments

Add'l Details

This leave requires principal acknowledgement.

Please review the leave details and acknowledge the leave request by clicking one of the buttons below

Principal Review Status: *Awaiting Principal Review*



11/30/2015

Requested 1st day of absence

02/28/2016

Requested End of Leave

Borrow: 0 Grace: 0

Principal Acknowledgement

View Leave Application Checklist

Close

SOLAS Back Office Roles – Military Leave Leave Specialist

Leave Application Details

Application

Supporting Documentation

Principal / Supervisor Acknowledgment

Check for OPI Problem Code

Timekeeping Verification

Leave Specialist Review

DOE Military Liaison Review

Leave Specialist Finalization

Leave Application Details

<p>Case Number: </p> <p>Name of Applicant: </p> <p>Employee ID: </p> <p>File Number: </p> <p>Title: </p> <p>Location: </p> <p>Siebel Case #: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Requested Leave Type: Military - Military Operations</p> <p>Application Status: Awaiting Leave Specialist Review</p> <p>Requested Leave Start Date: 11/30/2015</p> <p>Requested Leave End Date: 2/28/2016</p> <p>Application Submission Date: 10/2/2015</p> <p>Auto Close Date: NA</p> <p>Case Close Date: NA</p>
--	--

Principal Review

Timekeeping Verification

Supporting Documentation

Leave Specialist Review

Comments

Add'l Details

Save Leave Specialist Review Status

Leave Specialist Review

Leave Specialist Review Status: Ready for DOE Military Liaison review ▼

Transaction Finalization

Applicant Timekeeping Request

Application Timekeeping Request

The following timekeeping options were selected by the applicant.

Use Borrow Yes No

Use Grace Yes No

	Approved Reason Code	Approved Start Date	Approved End Date
Add	--[Please select reason code]-- ▼	11/30/2015	02/28/2016
X			

Save Transactions

Close Application for Administrative Purposes

Re-Open Case

Return to Leave Secretary

View Leave Application Checklist

Close

SOLAS Back Office Roles – Military Leave

DOE Military Liaison

Leave Application Details

Leave Application Details

Case Number:		Requested Leave Type:	Military - Military Operations
Name of Applicant:		Application Status:	Awaiting DOE Military Liaison
Employee ID:		Requested Leave Start Date:	11/30/2015
File Number:		Requested Leave End Date:	2/28/2016
Title:		Application Submission Date:	10/2/2015
Location:		Auto Close Date:	NA
Case Close Date:	NA		

Supporting Documentation

DOE Military Liaison

Comments

Add'l Details

This leave requires review by the DOE Military Liaison.

Please enter the employee's DOE salary, Military salary, and compensation differential.

OPI Status: Awaiting DOE Military Liaison

Employee rejects EMBP

Please enter the applicant's DOE salary and Military salary, to calculate the Salary Differential.

DOE Salary:	<input type="text" value="79,319.00"/>	
Military Salary:	<input type="text" value="45,000.00"/>	×
Salary Differential:	\$0.00	

Save Salary Differential

View Leave Application Checklist

Close

SOLAS Back Office Roles – Military Leave Specialist

Leave Application Details

Application

Supporting Documentation

Principal / Supervisor Acknowledgment

Check for OPI Problem Code

Timekeeping Verification

Leave Specialist Review

DOE Military Liaison Review

Leave Specialist Finalization

Leave Application Details

<p>Case Number: [REDACTED]</p> <p>Name of Applicant: [REDACTED]</p> <p>Employee ID: [REDACTED]</p> <p>File Number: [REDACTED]</p> <p>Title: [REDACTED]</p> <p>Location: [REDACTED]</p> <p>Siebel Case #: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Requested Leave Type: Military - Military Operations</p> <p>Application Status: Awaiting Leave Specialist Finalization</p> <p>Requested Leave Start Date: 11/30/2015</p> <p>Requested Leave End Date: 2/28/2016</p> <p>Application Submission Date: 10/2/2015</p> <p>Auto Close Date: NA</p> <p>Case Close Date: NA</p>
--	--

Principal Review

Timekeeping Verification

Supporting Documentation

DOE Military Liaison

Leave Specialist Review & Finalization

Comments

Add'l Details

Please review the Leave Details and Approve or Deny the Leave Application.

Determination Status:	Awaiting Leave Specialist Finalization		
Determination:	<input type="text" value="Approve"/>		
Requested Start Date:	11/30/2015	Requested End Date:	02/28/2016
		Requested Leave type:	Military

Add	Approved Reason Code	Approved Start Date	Approved End Date
×	<input type="text" value="-- [Please select reason code] --"/> <div style="border: 1px solid #ccc; padding: 2px; font-size: x-small; margin-top: 2px;"> 2MS - Lv W/O Pay-Military Serv (Pen & Sal Cr Rec) 40D00 - Does not affect CAR balance. The first 30 days are paid with no deduction from CAR. SMW - Pd Lv - Military Benefit Prog - Neg. Military Diff </div>	<input type="text" value="02/28/2016"/>	<input type="text" value="02/28/2016"/>

Worker's Compensation in SOLAS

Eligibility

SOLAS Titles:

Q744

UFT Paraprofessionals

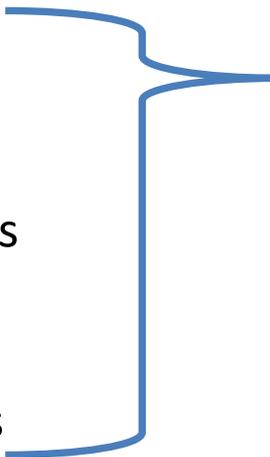
E745

Family Paraprofessionals

Health Service Aides

School Aides

Supervisor School Aides



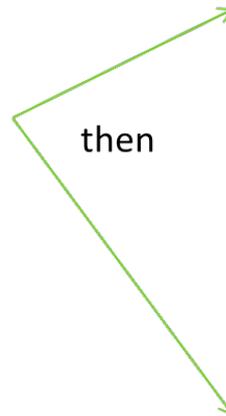
Injured at Work, other than Assault (LODI)

Workers' Compensation Leave Options

Maximum 1 year – No extension

**First 5 Days
Non-Chargeable**

Applies to the next five consecutive work days following day of injury



Option 1

Employee wants to use accruals

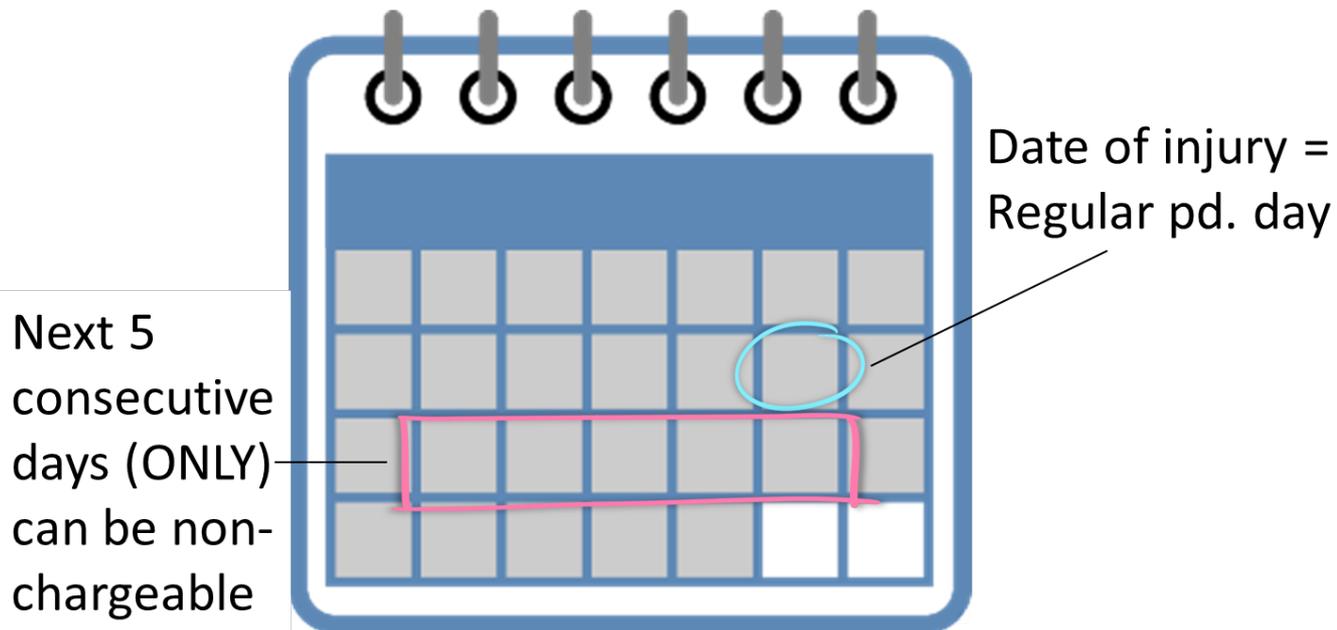
or

Option 2

Employee does not want to use (or does not have any) accruals

Worker's Compensation Non-Chargeable Days

First 5 Days following date of injury



Worker's Compensation Option 1

Employee wants to use their accrued time

Enter time as:

1. Sick w/Dr. note
2. Comp. time
3. Annual time

Restorations:

Emp. must contact their examiner at the Law Dept.

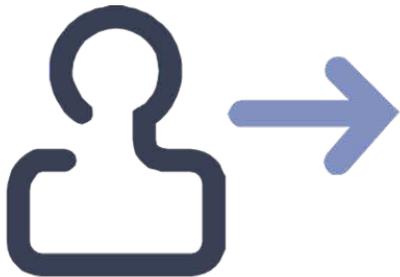
Based on degree of disability and weekly earnings

Worker's Compensation Option 2

Employee does not want to use (or has no) accruals



- Employee is taken off payroll (Stop Direct Deposit)
- Emp. reimbursed by the Law Dept. at weekly rate



- Employee must apply for leave without pay for WC
- SOLAS Application + C2 + CIR + Written Statement + DP2002 + Medical Certification

Contact Information Confirmation

Leave Selection

Leave Overview and Tasks

E-signature and Submission

1 Is your leave request due to medical or health issues? (includes yourself or a living family member)

Yes

No

2 Are the medical or health issues being experienced by you or a family member?

Self

Family Member

3 Select a medical leave type:

Line of Duty (Assault)

Pregnancy Related Disability

Restoration of Health (Personal Illness)

Worker's Compensation

4 What was the date of the incident?



3 Select a medical leave type:

- Line of Duty (Assault)
- Pregnancy Related Disability
- Restoration of Health (Personal Illness)
- Worker's Compensation

4 What was the date of the incident?

10/01/2015

Oct 2015

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

5 Are the dates you are

- Yes
- No

6 Enter expected 1st date

date.

1st Day of Absence:



Expected Leave End Date:



Back

Start Over

Exit

4 What was the date of the incident?

10/01/2015 

5 Are the dates you are requesting consecutive?

- Yes
 No

6 Enter expected 1st day of absence and expected leave end date.

1st Day of Absence: 10/02/2015  Expected Leave End Date: 10/23/2015 

7 Were you / will you be absent *any* of the first 5 school days immediately following the incident?

- Yes
 No

8 Were you / will you be absent *any* school day **after** the first 5 days immediately following the incident?

- Yes
 No

Back

Continue

Start Over

Exit

Worker's Compensation Options

9 You have two options to account for these absences. Please select one:

Option 1

You may elect to use your vacation or sick time (provided you have time accrued) to cover these absences. If you would like to use only a portion of your accrued time - inform your Payroll Secretary / Timekeeper of how many days/hours you wish to put towards your absences.

You may be eligible to have your used vacation or sick time restored. Keep track of these days and once all accrued time has been used (or you have fully returned to work), contact your benefits examiner to report the use of your paid vacation or sick time.

You may be asked to attend a hearing to determine this matter. Restoration is based on the degree of your disability and your rate of pay. If restored, you will likely receive only a portion of your used vacation or sick time; full restoration of vacation or sick time is determined on a case by case basis.

Option 2

If you choose not to use your accrued time off (or if you do not have accrued time to use), you will not receive pay for days not worked. Consequently - if you participate in direct deposit, this benefit will be cancelled.

By selecting this option - you will be formally applying for a leave of absence without pay. The maximum time allowed for leave associated with a workers compensation case is one year. During this period of unemployment, you will receive reimbursement of wages from the New York City Law Department. The weekly rate is determined by the New York City Workers Compensation Board.

10 Do you want to use all your accrued sick time?

Yes

No

Back

Continue

Start Over

Exit

Principal: Workers Comp Responsibilities

- Principal role will vary based on whether employee has missed time
 - If so: APPROVE/DISAPPROVE
 - If not: ACKNOWLEDGE

Principal Approve/Disapprove

[Home](#)

[Leave Applications](#)



0 Leave Applications Awaiting Timekeeping Verification

Only display leave applications requiring verification of timekeeping

Search



Name of Applicant	Empl Id	Location/ BFSC	Leave Type	Start Date	End Date	# of Days	Age of Request	Awaiting	Action	Status
			Child Care	09/02/2014	06/30/2015	302	0 days old			Approved
			Care of Sick Family Member	09/04/2014	10/15/2014	42	0 days old			Partially Approved
			Maternity/Child Care	02/23/2015	04/12/2015	50	0 days old			Approved
			Workers Compensation	10/02/15	10/23/15	22	0 days old	Approve first 5 days Disapprove first 5 days		Awaiting Principal Review
			Line of Duty (LOD)	01/22/15	01/30/15	9	250 days old	Upload Secretary Documentation		Awaiting Secretary Documentation
			Health Sabbatical	09/03/2014	11/17/2014	76	0 days old			Approved
			Health Sabbatical	11/18/2014	01/31/2015	75	0 days old			Approved
			Maternity/Child Care	02/17/14	05/12/14	85	575 days old			Withdrawn
			Maternity/Child Care	02/17/14	05/12/14	85	575 days old			Auto-Denied
			Maternity/Child Care	02/24/2014	05/11/2014	85	0 days old			Approved
			Child Care	09/03/2013	06/30/2014	301	0 days old			Approved
			Child Care	09/02/2014	06/30/2015	365	0 days old			Approved

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[Export to Excel](#) [Close](#)

-- Webpage Dialog

Application Supporting Documentation Timekeeping Verification Secretary Supporting Documentation Principal / Supervisor Acknowledgment Leave Specialist Finalization

Leave Application Details

Case Number:		Requested Leave Type:	Workers Compensation
Name of Applicant:		Application Status:	Awaiting Principal Review
Employee ID:		Requested Leave Start Date:	10/2/2015
File Number:		Requested Leave End Date:	10/23/2015
Title:		Application Submission Date:	10/9/2015
Location:		Auto Close Date:	NA
Case Close Date:		NA	
Date Of Injury:		10/01/2015	

This leave requires principal approval.
Please review the leave details and acknowledge the leave request by clicking one of the buttons below
Principal Review Status: *Awaiting Principal Review*

10/02/2015 Requested 1st day of absence	10/23/2015 Requested End of Leave
--	--------------------------------------

Borrow: 0 Grace: 0

Leave Secretary: Responsibilities

1. Incident logged into OORS by OORS operator.
2. Comprehensive Injury Report (CIR) signed by employee, with principal and superintendent's signed determination.
3. Documents C2 in Payroll Portal.
4. Documents timekeeping in SOLAS
5. Uploads documents to SOLAS (C2, CIR, Written Statement and DP2002 Options Form)
6. Submit C-2 electronically to the Workers' Compensation Unit.
7. Sends Copy of C-2 document to NYC Workers' Compensation Law Department.

Leave Secretary - Timekeeping

Principal Review	Timekeeping Verification	Supporting Documentation	Comments	Add'l Details
------------------	--------------------------	--------------------------	----------	---------------

Timekeeping Verification

Timekeeping Verification Status: Pending Verification of Timekeeping

This leave application requires that the applicant's timekeeping be verified as correct. Please review the applicant's timekeeping and confirm timekeeping accuracy below.

If the timekeeping balance below is not correct, please correct timekeeping in FIS and refresh / verify timekeeping here, for this leave application.

Principal approved use of first 5 days: Yes

Add	Eff Date	End Date
	<input type="text" value="10/02/2015"/>	<input type="text" value="10/08/2015"/>

Use Accrued Sick Leave: Yes

Sick Days Start Date:	<input type="text" value="10/09/2015"/>	Sick Days End Date:	<input type="text" value="10/23/2015"/>
-----------------------	---	---------------------	---

- Documentation Reviewed and Signed**
CIR, C2, DP2002, and the written Statement have required signatures and determinations.
- Approved first five days entries are made in timekeeping**
56B00- Ed Para / 66B00- E Bank entries made in timekeeping for any approved first 5 days.
- Option 1 to use sick time, entries made in timekeeping**
51B00 - Ed Para / 61B00 E bank entries made in timekeeping.

[Submit Timekeeping Verification](#)

[View Leave Application Checklist](#) [Close](#)

Leave Secretary – Supporting Docs

-- Webpage Dialog

Application Supporting Documentation Timekeeping Verification Secretary Supporting Documentation **Principal / Supervisor Acknowledgment** Leave Specialist Finalization

Leave Application Details

	Document			Status	Updated	Updated By
<input type="checkbox"/>	Medical Documentation from treating Physician; physician note needs to include diagnosis and prognosis	ACCEPTABLE DR LETTER.pdf	Upload Files(s)...	(Required)	Received	10/09/2015
<input type="checkbox"/>	Additional Supporting Documentation (Optional)		Upload Files(s)...	(Optional)	Not Received	
<input type="checkbox"/>	Comprehensive Injury Report		Upload Files(s)...	(Required)	Not Received	
<input type="checkbox"/>	C2		Upload Files(s)...	(Required)	Not Received	

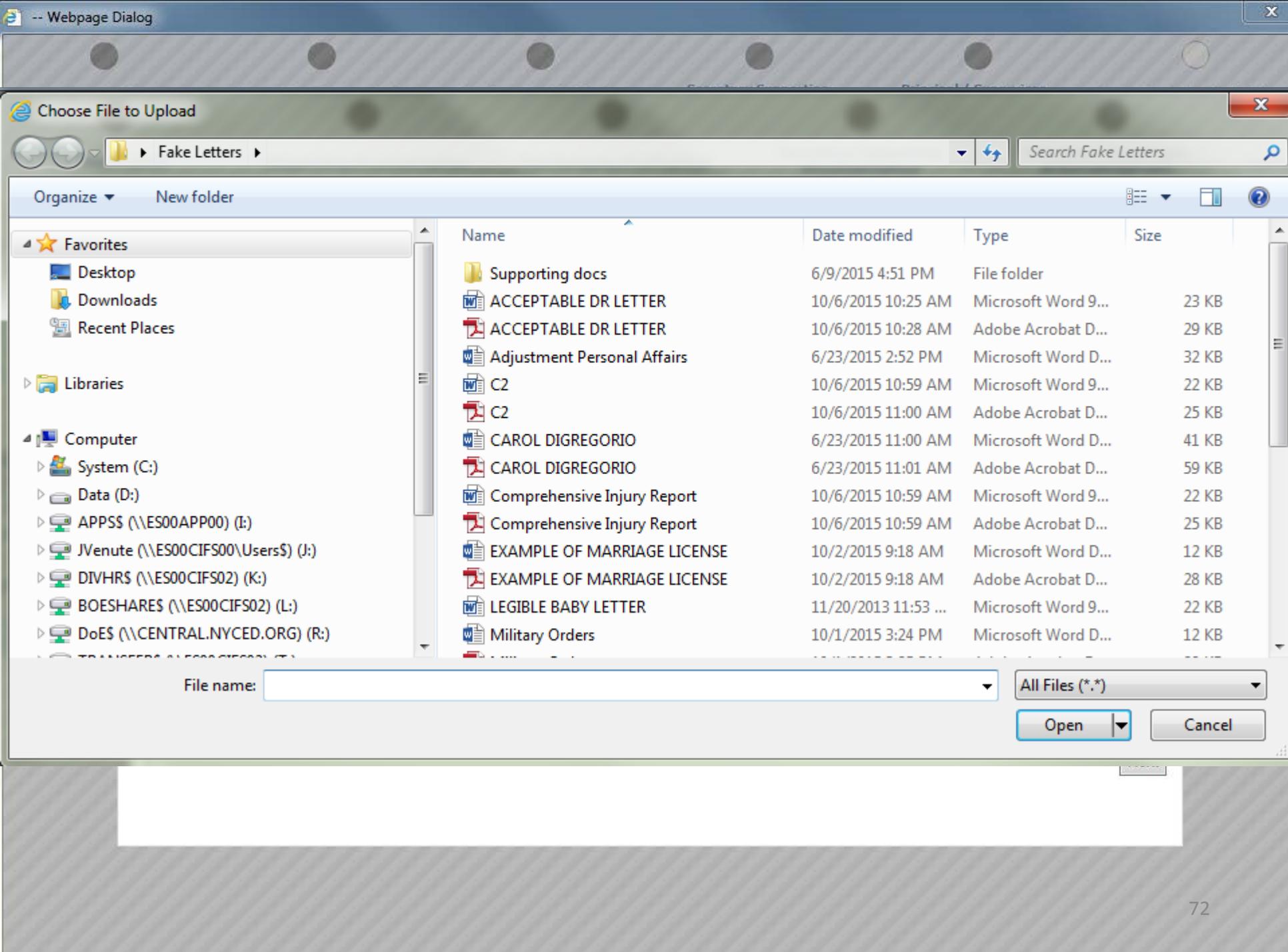
Request Additional Documentation.. Request Re-Submission

Overall File Status: --[Please select]--

	Document			Status	Updated	Updated By
<input type="checkbox"/>	Medical Documentation from treating Physician; physician note needs to include diagnosis and prognosis	ACCEPTABLE DR LETTER.pdf	Upload Files(s)...	(Required)	Received	10/09/2015
<input type="checkbox"/>	Additional Supporting Documentation (Optional)		Upload Files(s)...	(Optional)	Not Received	
<input type="checkbox"/>	Comprehensive Injury Report		Upload Files(s)...	(Required)	Not Received	
<input type="checkbox"/>	C2		Upload Files(s)...	(Required)	Not Received	

Request Additional Documentation.. Request Re-Submission

View Leave Application Checklist Close



Choose File to Upload

Fake Letters

Search Fake Letters

Organize New folder

Favorites

- Desktop
- Downloads
- Recent Places

Libraries

Computer

- System (C:)
- Data (D:)
- APPSS (\\ES00APP00) (I:)
- JVenute (\\ES00CIFS00\Users\$) (J:)
- DIVHRS (\\ES00CIFS02) (K:)
- BOESHARES (\\ES00CIFS02) (L:)
- DoES (\\CENTRAL.NYCED.ORG) (R:)

Name	Date modified	Type	Size
Supporting docs	6/9/2015 4:51 PM	File folder	
ACCEPTABLE DR LETTER	10/6/2015 10:25 AM	Microsoft Word 9...	23 KB
ACCEPTABLE DR LETTER	10/6/2015 10:28 AM	Adobe Acrobat D...	29 KB
Adjustment Personal Affairs	6/23/2015 2:52 PM	Microsoft Word D...	32 KB
C2	10/6/2015 10:59 AM	Microsoft Word 9...	22 KB
C2	10/6/2015 11:00 AM	Adobe Acrobat D...	25 KB
CAROL DIGREGORIO	6/23/2015 11:00 AM	Microsoft Word D...	41 KB
CAROL DIGREGORIO	6/23/2015 11:01 AM	Adobe Acrobat D...	59 KB
Comprehensive Injury Report	10/6/2015 10:59 AM	Microsoft Word 9...	22 KB
Comprehensive Injury Report	10/6/2015 10:59 AM	Adobe Acrobat D...	25 KB
EXAMPLE OF MARRIAGE LICENSE	10/2/2015 9:18 AM	Microsoft Word D...	12 KB
EXAMPLE OF MARRIAGE LICENSE	10/2/2015 9:18 AM	Adobe Acrobat D...	28 KB
LEGIBLE BABY LETTER	11/20/2013 11:53 ...	Microsoft Word 9...	22 KB
Military Orders	10/1/2015 3:24 PM	Microsoft Word D...	12 KB

File name:

All Files (*.*)

Open

Cancel

Upload Supporting Document(s)

Close

Step 2

Please select the supporting documents represented in this file. If the file represents more than one supporting document, please select all supporting documents that apply.

Supporting Documents

- Comprehensive Injury Report
- C2

Previous

Next

Leave Specialist Determination

Leave Application Details

Application

Supporting Documentation

Timekeeping Verification

Secretary Supporting Documentation

Principal / Supervisor Acknowledgment

Leave Specialist Finalization

Leave Application Details

Case Number:		Requested Leave Type:	Workers Compensation
Name of Applicant:		Application Status:	Awaiting Leave Specialist Review and Finalization
Employee ID:		Requested Leave Start Date:	10/2/2015
File Number:		Requested Leave End Date:	10/23/2015
Title:		Application Submission Date:	10/9/2015
Location:		Auto Close Date:	NA
Siebel Case #:	<input type="radio"/> Yes <input type="radio"/> No	Case Close Date:	NA
Date Of Injury:	10/01/2015		

Principal Review

Timekeeping Verification

Supporting Documentation

Leave Specialist Review & Finalization

Comments

Add'l Details

Please review the Leave Details and Approve or Deny the Leave Application.

Determination Status: Awaiting Leave Specialist Review and Finalization

Determination: Approve

Requested Start Date: 10/02/2015 Requested End Date: 10/23/2015 Requested Leave type: Workers Compensation

	Approved Reason Code	Approved Start Date	Approved End Date
X	56B00 - Ed Para Workers Comp Approved Use of First 5 Days	10/02/2015	10/08/2015
X	ZWC - Ed Para Lwop While On Workers Comp/ Sloac	10/09/2015	10/23/2015



Q&A

THANK YOU

