## LeavePro - Request a Leave or Workplace Accommodation

This job aid will provide instructions to the teammate on how to submit a leave or workplace accommodation request using the LeavePro system.

1. On the My Leaves page, click Plan a Leave.



- 2. On the Plan a Leave page, select the leave type that describes the leave you are taking (or select Workplace Accommodations if applicable), then click Next:
  - Your Own Health Condition
  - Pregnancy/Maternity
  - Family Health Condition
  - Other (Note: Selecting Other activates the drop-down menu with additional options.) o
    Alternate StateLeave
    - School Activities
    - o Military Leave
      - Active Duty, Emergency Active Duty, Enlistment, Funeral Duty, Military Training, Physical Examination, and Reserve Duty
    - o Other
      - Workplace Accommodations
    - o Personal Leave
      - Education Leave and Personal
    - o Personal or Family Health
    - Family Injured Service Member, Family Injured Veteran, and Family Military Exigency o Pregnancy or Adoption/Foster Placement
      - Adoption, Care for Newborn, and Foster Care

Get Diamed		Details	>	Conferentiere
Get Started				
Please tell us about your leaver.*				
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C Family Health Condition	- I			
O Other	_			
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## LeavePro - Request a Leave or Workplace Accommodation

This job aid will provide instructions to the teammate on how to submit a leave or workplace accommodation request using the LeavePro system.

- 3. Select the type of time off that best fits the leave of absence you are taking, then click Next:
  - Continuous Out full time between two different dates
  - Intermittent Out occasionally over a period of time
  - Reduced Time Working less than the normal schedule. This option is not for requesting restrictions.

Get Started		
Please tell in about your leave.		
Your Own Health Condition		
O Pregnancy/Materrity		
C Family Health Condition		
O Other		
Other	*	
Other	*	
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- 4. Add **Details**, such as:
  - Last day of work (required)
  - Leave start date (required)
  - Leave end date (required)
  - Date of your injury/illness
  - Expected return to work
  - · Additional questions related to injury/illness
  - Additional questions related to pregnancy/delivery
  - Additional questions related to family members

		Lookida	
Details			
Please tell us your feave dates:			
When is your last day of workT*			
When does your leave start? *	When does your leave end?*		
09 Mar 2016	09 Mar 2016		
When do you expect to return to work?			
09 Mar 2016			

5. Click Submit when all required Details are complete. A confirmation message will appear with next steps.

