

- 1. Username FirstNameLastName
- 2. Password District password(used to login to your system/desktop every morning, sign in to outlook email)
 - a. Contact IT if you are not able to use your District username/Password.





1. Click on Submit Leave (Icon)

SAN BERNARDINO CITY Unified School District				My Leave					A				
y Leav	e App	olications											
Show	0	• entries				Past Leave Application					Search:		
APP ID	ţ1	SUBMITTED DATE	11	LEAVE TYPE	t).	DESCRIPTION	11	VIEW	,u	EDIT	11	STATUS	74
APP ID	TI.	SUBMITTED DATE 08/15/2019	ti.	LEAVE TYPE	th:	DESCRIPTION Union Business	11		ŭ.	EDIT	11	STATUS	- 11

- 2. Fill the required information
 - a. Start-End date
 - b. Hours/Days
 - c. Type of Leave
 - d. Attachment(if required)
 - e. Select your Supervisor type name/department to narrow down the search list
 - f. Select checkbox > * Read FMLA/CFRA
 - g. Select checkbox > * I certify under penalty of perjury that the foregoing, including all attachments, is true and correct.
 - h. Click SUBMIT button

issa: Submit on application per lase type. Progress to your lase reques asses st Electended Previous Approved Leave	Lis always example for status laskes may be granted in accordance with the rein Hours Months 0.00 12MO	n: of your barganing agreement and applicable State and Fede	al laws laws. Consult Article XIV of the California School Emplo	cyces Association (CSEA) agreement of Antice XIII of the San Ber Totaling *	Hours Days
versinal Neccessity From Part A and Part E Not to Tacced Seven (?) Day O'Persiant Neccessity ("Reason Marc Be Explained Below) In other that immufates thanly metabolic meters onlis impolling the employee's program of the person or property or of a memor of the metabolis family, including programs() of topocol. ment danger to the home occasioned by fload. fire, etc.	I Per School Thar (Deducted from available sick Leave) a member of the immediate family.	Par e co u a in a ida	B) Personal Necessity, for Personal Business 64 members may task up to Saleve OP: DOI members may task access of respected base datase, access busines con advances ct: employee organizational activity; work stoppage, chike or	e up to Roy (E) annual persona recently day? for personal bud- e notice in not people aux to commanies bayted your con- other consume activity diversed against the district or lary lings	ness Salahit from to the well members immediate supervisor three (1) wort on their to be used for increasion: engaging in other employment, while dis (activity)
Code 233 Not to exceed sick leave earned in a six (6) month period. (De on must be explained below) r Code 233 (Illness of a parent child, spouse, or domestic parner).	ducted from available sick leave)				
seves avanet 21 Totas Lavo 19 Lavo (Without Pay) 19 Lavo (Without Pay) miai Thems/Argident Lave	 provest same of Alex page of Alex page the Alex page the Alex prove the Alex prove the Alex prove the Alex 	nci (Without Pay) ci Laave ore: (Without Pay) g Gualiying Engencies (Wethout Pay)		Villary Leave Villary Leave Aptroductore part-Term Leave Vidhout Pey) part-Term Leave Widthout Pey) part-Term Leave Vidhout Pey) part-Term Leave	
Files (If required) chment T	Attachment 2			Attachment 3	
hoose File No file chosen	Choose Fi	e No file chosen		Choose File No file chosen	
Reason for Leave Request (Please provide the date of birth, adoption, for	ter care and/or non-parental guardian placement.) *				
ing Character : 132					
isor *					
•					
I hereby certify acknowledgment that I have been informed of my FML certify under penalty of perjury that the foregoing, including all attachmen ;	A/CFRA Rights and Benefits. s. is true and correct	Curr 08/2	nt Data : L/2019		

Solution by: CyberTech Systems and Software

Example – Critical Illness

California -		000	
Critical liness Leave			
Reson for Leave Maximum of three (3) days per year; attach Critical Illness form. (HR-64) Name / Relationship *			
Attach File(s)(Mandatory for Critical Illness Leave) * Attachment 1 Choose File No file chosen			
xplain Reason for Leave Request (Please provide the date of birth, adoption, foster Remaining Character : 132	care and/or non-parental guardian placement.) *		
upervisor *	CFRA Rights and Benefits.		
I certify under penalty of pegury that the foregoing, including all attachments. Signed :	is true and correct. Current Date : 08/26/2019 Submit Cancel		

Select Supervisor: Type Name/Department to narrow down Supervisor list.

Supervisor * Information Wight/Coci - INFORMATION TECHNOLOGY Rebertson , Jacon - INFORMATION TECHNOLOGY To, Mike - INFORMATION TECHNOLOGY Submit Cancel	Supervisor * Information Wight Cc2I - INFORMATION TECHNOLOGY Tu, Mike - INFORMATION TECHNOLOGY	C LOCATED	0	- 0 - 0 0	
Supervisor * Information Wright, Cecil - INFORMATION TECHNOLOGY Robertson, Jason - INFORMATION TECHNOLOGY Lohnson, Johne A - INFORMATION TECHNOLOGY Tu, Mike - INFORMATION TECHNOLOGY Submit Cancel	Supervisor * Information Wight, Ccc3 - INFORMATION TECHNOLOGY UP FMLA/CFRA Rights and Benefits. achments, is true and correct. achments, is true and correct. Universe and the second se				
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Solution by: CyberTech Systems and Software

<u>Edit</u>

- 1. Click My Leave (icon)
- 2. Select Edit (icon)-to edit your application

UNIFIED SCI	HOOL DISTRICT					9	
y Leave App	lications						l j
Show 10	▼ entries		Past Leave Application			Search:	
PP ID	14 SUBMITTED DATE	LEAVE TYPE	DESCRIPTION	11 VIEW	EDIT	ti STATUS	11
05	08/15/2019	HR57	Union Business	ø		In-Progress	^
70	07/26/2019	HR57	Short-Term Leave	0	2	Cancelled	

3. Make changes>Select your supervisor>Click on the checkboxes>Re-submit

J Critical Illness Leave	Leave of Absence (Without Pay)	Patriotic Leave
Family Leave (Without Pay)	Long-Term Sick Leave	Short-Term Leave (Without Pay)
Funeral Leave (With Pay)	Military Caregiver (Without Pay)	Parental Leave AB2393
Industrial Illness/Accident Leave	Military Family Qualifying Exigencies (Without Pay)	Union Business
leason for Leave		
Union Business		
Attach Files (If required)		
Attachment 1	Attachment 2	Attachment 3
Choose File No file chosen	Choose File No file chosen	Choose File No file chosen
lemaining Character : 123		
Supervisor *		
PERSONNEL SERVICES	•	
<u> </u>		
I hereby certify acknowledgment that I have been inference of the second sec	ormed of my FMLA/CFRA Rights and Benefits.	
certify under penalty of perjury that the foregoing, includ	ling all attachments, is true and correct.	
	Current Date :	
Signed :	08/26/2019	
Signed : Bunn, Vincent		
Signed : Bunn, Vincent	Re-Submit Cancel	



- 1. Select My Leave (icon)
- 2. Click on the View (icon) of the application

UNIFIED SCH	ICOL DISTRICT			C		•	
Leave App	lications						
Show 10	• entries		Past Leave Application			Search:	
PID	1 SUBMITTED DATE	11 LEAVE TYPE	DESCRIPTION	ti VIEW	th EDIT	ti STATUS	- 214
5	08/15/2019	HR57	Union Business			In-Progress) ^
,	07/26/2019	HR57	Short-Term Leave	0	Ph	Cancelled	

3. Find the current status of your application

MyLeave/	Appliction/Leave Details	5			SUBMIT	
pplication Id 05	Name		Employee Number	Job Title Generic Classified	Phone	Location PERSONNEL SERVICES
Request Leave	Hours 0.00	Months 12MO	From Date 08/13/2019	To Date 08/13/2019	Totalling 1.50 Hours	Submit Date 08/15/2019
Supervisor	Leave Type HR57		Approval status Pending			
Reason for Leave Union Business						
Applicant Comment						