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## Leave of Absence Request Portal Version 1.2

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## Summary

The Leave of Absence Request portal provides a means for employees to apply for a leave of absence electronically. The process involves multiple options for applying for leave. Currently the leave types available in this application are:

1. FMLA
2. Temporary Disability Leave
3. ADA (American with Disabilities Act) Accommodations
4. Workers Compensation

Only active RRISD employees may login to the Leave of Absence Request Portal. Employees use their RRISD employee id number and district network credentials. Upon complete login, employee demographic information currently on file with HR/Payroll/Benefits department displays. In the event employee demographic information is not valid, employees must login to the Employee Self Service (ESS) application to update their demographic information. Employee will then enter the county they reside in and phone number. Employee selects the leave reason that best fits their absence needs and completes all questions related to the request. Employee submits his/her leave request and required medical certification when required. Upon submission, employees will receive an email confirmation. The benefits department will review request submitted and will complete the process once the required medical certification has been provided. Send questions to [benefits@roundrockisd.org](mailto:benefits@roundrockisd.org)

## Help

This help document is available at any time in the application by clicking on the blue question mark icon at the top right of the page.



## Login

The Leave Request portal is available inside or outside the district network. The same url is used from both locations. The url is: <https://apps.roundrockisd.org/leaverequest>

Employees use their district network credentials to log in. Enter your credentials and click the **Next** button.

Username

Password

Next



## Select a Leave Reason

Enter leave start date, select leave reason, enter county where you reside and phone number, and click the **Next** button.

### Select Reason

EmpNo: 11111  
Name: JANE DOE  
Position: JANE DOE  
Campus/Dept: JANE DOE

Requested Leave Start Date: 06/01/2021

Please review the [RRISD Leave of Absence webpage](#) for further information to assist you in selecting the correct leave Reason below.

**Reason**

- FMLA - Family Medical Leave
- TDL - Temporary Disability Leave
- WC - Workers Compensation
- ADA - American with Disability Act for Employee Illness

Employee Street: 123 ANY STREET

Employee City: ROUND ROCK

Employee State: Texas

Employee Zip: 78664

Employee County: Williamson

Employee Phone: (512) 444-4444

**Next**



### Select a category

Select a category from the drop down list and click the **Next** button. Different categories appear for each leave reason. The categories shown below are examples for the ADA reason.

Select Category

EmpNo [REDACTED]  
Name [REDACTED]  
Position [REDACTED]  
Reason ADA - American with Disability Act for Employee Illness

See the [RRISD Leave of Absence webpage](#) for further information.

Category

ADA Leave Request  
 Workplace Accomodations

Prev Next

### Select Details

Different detail items appear for each leave reason and category. As you make selections, other items may appear or disappear based on your selections. Provide answers to all visible questions and click the **Next** button. The application highlights any required items that you did not provide. Provide all required answers and click the **Next** button again. Once all items are provided, the Review and Submit page appears.

Some categories provide links to download forms and documents relevant to the selected category. The linked forms may be required before your request can be completed. Submit medical certification forms to your health care provider. Follow all the instructions for the selected category.



## Confirm selections and complete submission

When all items have been entered verify entries and enter your employee id to confirm information entered is valid. Select the Submit button and your request will be submitted. You will receive a confirmation email upon your submission.

### Review and Submit

|                             |   |
|-----------------------------|---|
| EmpNo                       | 101044  |
| Name                        | STELLA WOOD   |
| Position                    | TEACHER - SECONDARY                                     |
| Campus/Dept                 | WILLIAMSON  |
| Employee Street             | 123 ANY STREET  |
| Employee City               | ROUND ROCK  |
| Employee State              | TX  |
| Employee Zip                | 78664   |
| Employee County             | Williamson  |
| Employee Phone              | (512) 444-4444  |
| Start Date                  | 6/1/2021  |
| Reason                      | ADA - American with Disability Act for Employee Illness |
| Category                    | ADA Leave Request                                       |
| Requesting                  | Intermittent leave as needed                            |
| Have Disability             | Yes   |
| Disability Desc             | Your answer appears here                                |
| Review Job Desc             | Yes   |
| Not Meet Functions          | Your answer appears here                                |
| Not Meet Support            | Your answer appears here                                |
| Why Not Perform             | Your answer appears here                                |
| Accommodations              | Your answer appears here                                |
| Accommodations Support      | Your answer appears here                                |
| Discuss Doctor              | Your answer appears here                                |
| Discuss Doctor Support      | Your answer appears here                                |
| Meet Other Responsibilities | Yes   |
| Outside Workplace           | Your answer appears here                                |
| How Manage                  | Your answer appears here                                |
| Add'l Info                  | Your answer appears here                                |

Additional Information

By entry of my employee ID number, I hereby attest that the information I have provided to the District is true and correct. I understand that providing false information to the District may result in disciplinary consequences.

Employee No



Please print this page for your records prior to submission.

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Submit

