

New Leave Request Guide

Step 1: To access LeaveLink from home, go to https://leavelink.com/hph_selfservice

Step 2: Log In:

- **Username:** 6-digit HPH Employee Number and Last 4-digits of your SSN (ex: 1234567890)
- **Initial Login Password:** "password"

(Note: This will get you in to the system so that you can create your own personal password in **Step 3.**)

For future log-ins, input the password you created or you may click on "Forgot Password" to reset your password. Information will be sent to your work email to reset your password.



Step 3: To use Leavelink, you must create your own personal password.

If you have previously created your own personal password, **proceed to Step 5.**

If this is the first time you are logging in or you are prompted to change your password, you are required to create your own personal password. Your password must contain at least 8 characters and 3 of the 4 following criteria: Lower Case, Upper Case, Number, & Special Character.

Step 4: "Submit" your information.

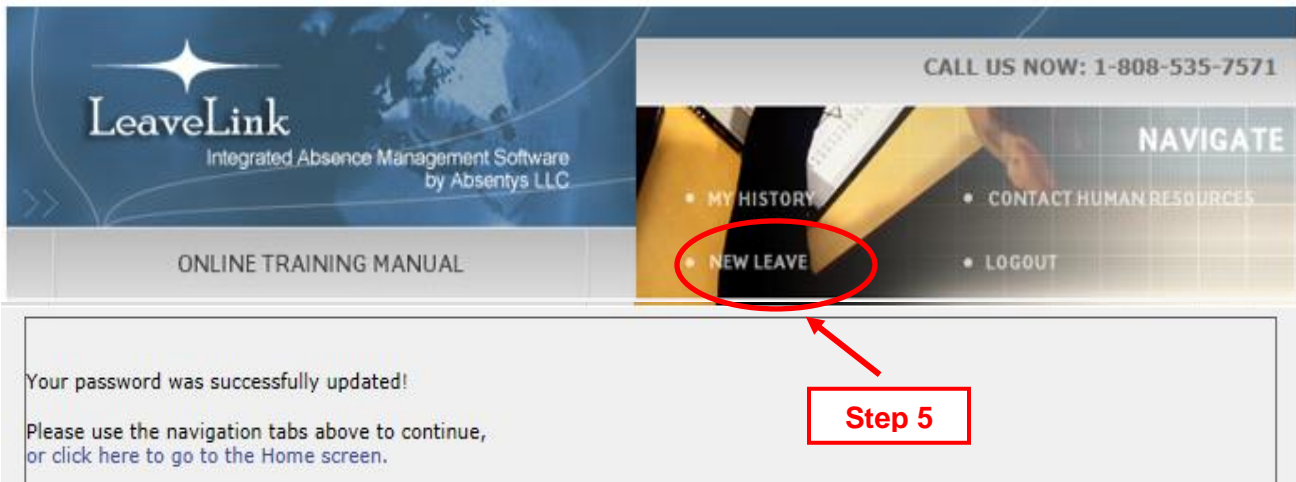
If you see this screen, please skip down to page 11 to complete LeaveLink Authentication Process; otherwise, please continue to Step 5:

i To finalize your login, Hawaii Pacific Health will send a one-time confirmation code to one of the following. Please select the delivery method for this code:

*****le.tang@hawaiipacifichealth.org

SubmitCancel

Step 5: You will get a password change confirmation. After that, click on “NEW LEAVE”.



Step 6: Complete the general contact fields below. Asterisk (*) indicates required fields.

Step 7: “Submit” your information.

New Leave Request

This form serves as notification of my leave of absence request to Hawai'i Pacific Health (HPH). One diagnosis per request. This notice replaces all paper forms and must be provided within the guidelines of the Federal and State regulations. **If your absence is foreseeable, this form must be provided 30 days prior to the start of your leave. If your absence is unforeseeable, you must complete this form no later than 2 business days after your return to work. Your absence(s) may not be protected if notification is provided outside of those guidelines. You must discuss your leave dates with your manager(s).**

If you are requesting an intermittent leave, please submit a separate request for each diagnosis.

To report a work injury, please call Work Injury Line (WIL) for O'ahu at (808) 535-7200 or for neighbor islands at (877) 776-7200.

Employee Name: HPH Employee	Employee Number: 123456
Location:	Union:
Position:	Department:

Direct Manager*:
Work Phone Number*:
Home Phone Number*:
Cell Phone Number:
Personal Email Address*:
Who maintains your time record: :
Currently work for another employer*:

Manager ▾
▾

SUBMIT

Step 6

Step 7

Step 8: Select the reason for your leave request. There are 2 lists of reasons. If you select "Other reason for leave", List 2 will appear.

New Leave Request

Reason for taking leave?

Reason for Leave (High-Level)	
My own medical condition	← <input type="text" value="Select for own health condition"/>
I am pregnant	
I am requesting time to bond with my newborn	
I am requesting time to care for a family member	
I am adopting a child	
I am caring for a new foster child	
I am caring for a member of military	
Personal Protected Leave	← <input type="text" value="Select for Domestic/Sexual Violence"/>
Other reason for leave	

List 1

Note: This List 2 will only appear if you select "Other reason for leave"

New Leave Request

Please provide more details about the reason for leave:

Reason for Leave (Detailed)	
Donation of Blood / Organs	
Donation of Bone Marrow	
Donation of Stem Cells	
Educational	
Military Active Duty - National Guard / USAF	
Military Training - National Guard / USAF	
Personal Leave	← <input type="text" value="Select for Non-Medical Leave"/>
Union Business	

List 2

Step 9: Complete the physician and condition fields below. (You will **not** see this screen if your leave is **not** related to a health condition for yourself or your family member.) Asterisk (*) indicates required fields.


Step 10: "Submit" your information.

You have indicated that the employee will take a leave due to
Own Serious Health Condition.

If possible, please answer the following questions and click **Submit**.

Physician's Name (Last, First)*:

Physician's Phone (xxx-xxx-xxxx)*:

Date of Surgery (if applicable)? 

hospital (Inpatient or Outpatient)

Location of Surgery?

Surgery Center
 Physicians Office


Is this request at least 30 days prior to first day of leave*

If No, please explain why:

This condition is a(n): Accident Illness
 Unknown

If applicable, did the injury / illness / condition occur on-the-job? Yes No Unknown

Were/Will you or your family member be hospitalized? Yes No Unknown

What is your Last Date Worked*?
(Day before first absence, if known. Use today's date if you are applying for an intermittent leave and have not used any time yet.)  (Use calendar)

Does your spouse currently work for HPH or any of its affiliates*?

Spouse's Name:

Spouse's Employee Number:

Step 9

Step 10

Step 11: If you are caring for a family member, you will see this screen. Enter the **name of your family member**. **Date of birth** is required if caring for a child. Select the relationship that applies.

New Leave Request

Please provide more details about the reason for leave:

Enter The Name Of Family Member : *

Date Of Birth: (Required if Child's Serious... chosen) 

Reason for Leave (Detailed)

Brother's Serious Health Condition
Child's Serious Health Condition
Domestic Partner's Serious Health Condition
Grandparent's Serious Health Condition
Parent-In-Law's Serious Health Condition
Parent's Serious Health Condition
Sister's Serious Health Condition
Spouse's Serious Health Condition


Step 11


Step 12: Select the type of leave you will be requesting.

New Leave Request

What type of absences will be taken? (Click the image below to continue)

Step 12

- 

Continuous Absences
Continuous leave is a single block of time with a specific start and estimated end date that is usually not interrupted with periods of work.
- 

Intermittent Absences
Intermittent leave is time taken for FMLA or HFLL leave in separate blocks of time for a single chronic illness or injury needing ongoing care by a doctor for flare ups or appointments.

Step 13: Inputting your Leave Request Dates.

If you are submitting a **Continuous Leave** request:

Start Date: Fill in the first day of missed work time.

End Date: Fill in the last day of missed work time.

New Continuous Leave Request
Please use the calendar to indicate the dates of CONTINUOUS absence:

June 2016						
S	M	T	W	R	F	S
			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		

Start Date:
End Date:

SUBMIT

Step 13

Step 14

Detailed description: This screenshot shows the 'New Continuous Leave Request' form. It features a calendar for June 2016. To the right of the calendar are two input fields for 'Start Date' and 'End Date', both highlighted with red boxes. Below these fields is a 'SUBMIT' button, also highlighted with a red oval. A red arrow labeled 'Step 13' points to the 'Start Date' field, and another red arrow labeled 'Step 14' points to the 'SUBMIT' button.

If you are submitting an **Intermittent Leave** request:

First Absence Date: First day of missed work time. (If you have not yet utilized your intermittent leave, enter today's date.)

New Intermittent Leave Request
Please use the calendar to indicate the dates of INTERMITTENT absence:

April 2017						
S	M	T	W	R	F	S
						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						

First Absence Date:
Use today's date if you have not used any time yet.

SUBMIT

Step 14

Detailed description: This screenshot shows the 'New Intermittent Leave Request' form. It features a calendar for April 2017. To the right of the calendar is an input field for 'First Absence Date', highlighted with a red box. Below the input field is a 'SUBMIT' button, also highlighted with a red oval. A red arrow labeled 'Step 14' points to the 'SUBMIT' button.

Step 14: "Submit" your Continuous or Intermittent leave request.

Step 15: Pay Options & Acknowledgement

- Make selections to the "Pay Options" listed on this page, if applicable.
- Read through "General Pay Practice While on a Leave of Absence".
- Check off the Acknowledgement box.
- Type in your first and last name in the "eSignature" field to submit the request.

Step 16: "Submit" your information.

New Continuous Leave Request

Pay Options

Save 40 hours of Paid Time Off (PTO)

If HFLI eligible, use up to 10 shifts of sick time

Request NO PAYCHECK if HFLI eligible or Military leave

Would you like to supplement TDI with PTO?

***If you don't see an option listed here, please email us at hphleaveadministrator@hawaiiipacifichealth.org

General Pay Practice While on a Leave of Absence:

Own Medical Condition:
When out for your own medical condition, you will need to use 24 hours of PTO before you are able to use your ESL. If you will be hospitalized or undergo surgery in a hospital setting, ESL may start immediately. For a continuous leave, if your ESL will be exhausted, you may be eligible for TDI benefits.

Caring for another or Bonding with your Newborn:
When caring for another or bonding with your newborn AND your leave qualifies under HFLI, you are eligible to use up to 10 shifts of "sick time" per benefit year. "Sick time" includes the initial 24 hours of PTO before you are able to use ESL. If the person you will be caring for will be hospitalized or undergo surgery, ESL may start immediately. If your leave does not qualify under HFLI, your PTO hours will be utilized.

Military Leave:
When on Military Leave, PTO will be exhausted unless otherwise indicated above in Pay Options.

All Other Leaves:
When on a personal, Personal Protected (domestic or sexual violence), qualifying exigency, educational, or union business, PTO will be exhausted unless otherwise indicated above in Pay Options.

Notice of Eligibility and Rights & Responsibilities letter:
Once your leave request is received, a Notice of Eligibility and Rights & Responsibilities letter, along with the required forms, will be mailed to your home address in HERO. You will still need to submit the appropriate certification, within the 15 day deadline indicated on the letter, for your leave to be approved. Once you submit the required documentation, you will receive a status letter for your request within 5 business days. Please review the letter. If you are missing additional information, you will be provided an additional 7 calendar days to produce the required documentation. Failure to do so will result in your leave being denied.

Forms:
Required Leave of Absences forms will be mailed along with your Notice of Eligibility and Rights & Responsibilities letter and can also be found in HERO. Log on and go to the "Forms and Reports" icon. On the "Employee Activities" tab, in the "Benefits" section, click on "Leave of Absence Information and Forms". Completed forms should be faxed to HR Benefits at (808) 535-7830 or scanned and emailed to hphleaveadministrator@hawaiiipacifichealth.org.

Acknowledgement:

I certify that all of the information above is true and correct to the best of my knowledge. By signing below, I acknowledge that I have discussed my leave of absence dates with my manager(s). I understand that knowingly providing a statement that contains any false, incomplete or misleading information, or if I begin employment with another company during my leave and not notify Human Resources, may result in corrective disciplinary action, up to and including termination of employment.

eSignature: Date: 02/15/2019

Step 15

Step 16

Step 17: Confirmation Page

You have successfully submitted your leave request.

Please allow up to 5 business days for a HPH HR LOA Administrator to review your request. Your leave request will not show up in My History on LeaveLink until a HPH HR LOA Administrator has reviewed your request.

A letter will be mailed to your home address to confirm your request, together with additional steps needed, if applicable. Health Care Provider Certification forms, if required for your leave request, will be included with your letter. Your manager will be notified by an HPH HR LOA Administrator of your request through email.

However, if you need the Health care Provider Certification forms sooner, then go to Employees' HERO to print out your own form(s) to take to your Health Care Provider.

New Continuous Leave Request

Your new leave request has been submitted for eligibility review with an LOA Administrator. This request will not appear in "My History" until this review takes place. Please do not resubmit the same request.

An LOA Administrator will review your eligibility within 5 business days. Approval of your leave is still pending. You will receive a letter at your home address on file informing you of the status of your leave, next steps, and deadlines, if applicable. Failure to follow the next steps or deadline may result in your leave being denied.

Your manager will be informed of your request.

Once an LOA Administrator has reviewed your request, you may log back in and check your "My History" tab for the status of your request.

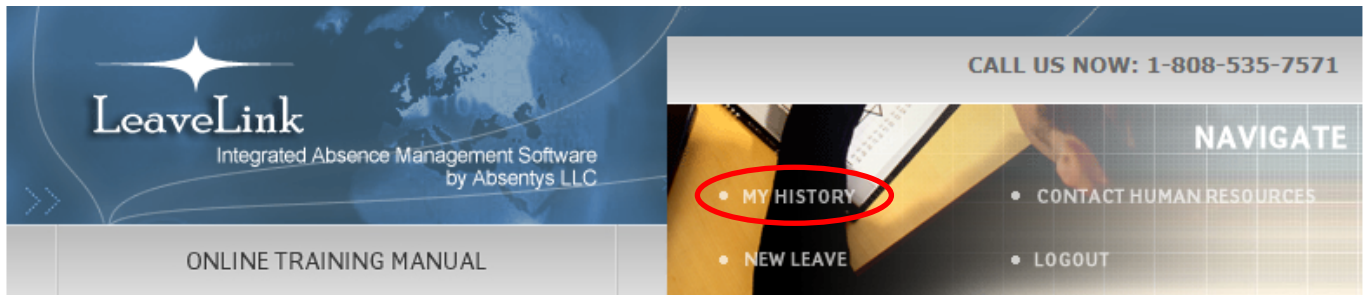
Thank you!

Step 18: "Pending" status for leave request submitted.

Once an HPH HR LOA Administrator has reviewed your request (within 5 business days of your leave request submission), it will appear in your **My History** page. The **Status** will be **Pending** until certification (if applicable) from the physician is complete.

If the Health Care Provider Certification we receive is incomplete, you will receive a call from an HPH HR LOA Administrator and be sent another letter informing you that you will be provided an additional 7 calendar days to provide the required information.

If no response is received by the deadline, your leave request will be **Denied**.



Good evening, HPH Employee
 Below is a listing of **your leaves** during the past 12 months.

If you do not see a leave request that was recently submitted, please allow up to 5 business days for a LOA Administrator to review your request

Leave No.	Expect RTW	Requested Dates	Approved Dates	Reason	Status	Family Member	Intermittent
987654		06/20/2016 - 06/20/2016		OWN	Pending		Y

Expect RTW: Day after last certified date.
Requested Dates: Original dates submitted by employee.
Approved Dates: Dates covered under a federal/state law or company policy.
Status: Status of leave.
Pending - LOA Administrator reviewed for eligibility and waiting for completed certification.
Approved - Leave approved up to day before Expect RTW field.
Denied - Leave denied.

Step 19: "Approved" status for leave request submitted.

Once the certification is complete from your doctor, you will receive an Approval letter and the **Status** below will say **"Approved"**. Please note your **"Expected RTW"** (Return to work) date. You manager will be notified through email of your approved leave and your return to work date.

If there are any changes to your leave request dates, please notify 1.) Your manager AND, 2.) An HPH HR LOA Administrator as soon as possible by clicking on **"CONTACT HUMAN RESOURCES"**.

CALL US NOW: 1-808-535-7571

LeaveLink
Integrated Absence Management Software
by Absentys LLC

ONLINE TRAINING MANUAL

NAVIGATE

- MY HISTORY
- CONTACT HUMAN RESOURCES
- NEW LEAVE
- LOGOUT

Good evening, HPH Employee
Below is a listing of **your leaves** during the past 12 months.

If you do not see a leave request that was recently submitted, please allow up to 5 business days for a LOA Administrator to review your request

Leave No.	Expect RTW	Requested Dates	Approved Dates	Reason	Status	Family Member	Intermittent
987654	06/19/2017	06/20/2016 - 06/20/2016	06/20/2016 - 06/20/2016	OWN	Approved		Y

Expect RTW: Day after last certified date.
Requested Dates: Original dates submitted by employee.
Approved Dates: Dates covered under a federal/state law or company policy.
Status: Status of leave.
Pending - LOA Administrator reviewed for eligibility and waiting for completed certification.
Approved - Leave approved up to day before Expect RTW field.
Denied - Leave denied.

LeaveLink Identity Authentication Process

As a part of LeaveLink's commitment to protect our employees' personal information, the LeaveLink self-service website requires you to confirm your identity using a temporary, one-time access code that will be sent to your work email.

How does this affect you?

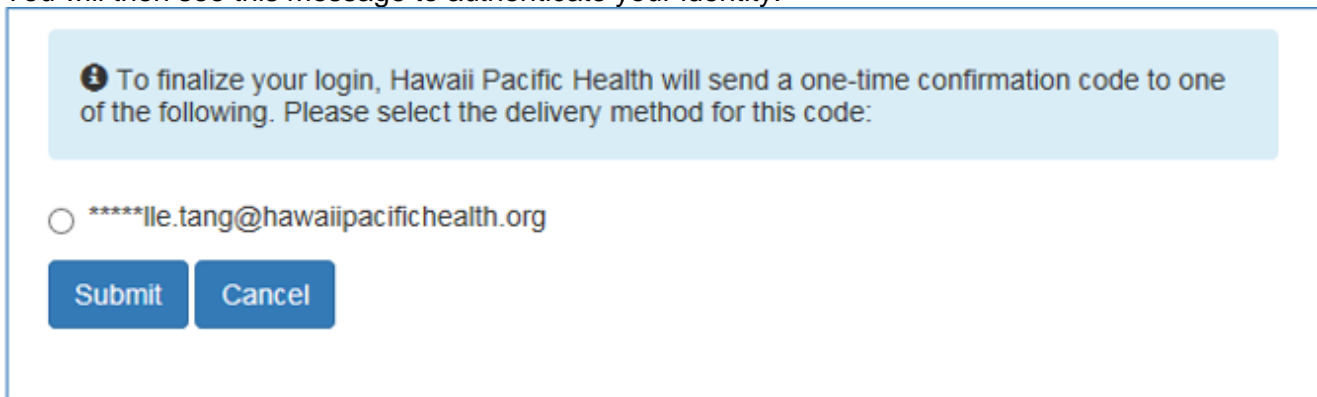
If you are applying for a new leave or would like to report your absences under an approved intermittent leave, when you access LeaveLink self-service on or after Feb 23, 2019, there will be a 2-step process to confirm your identity.

Step 1:

Enter your regular user name and password to log in.

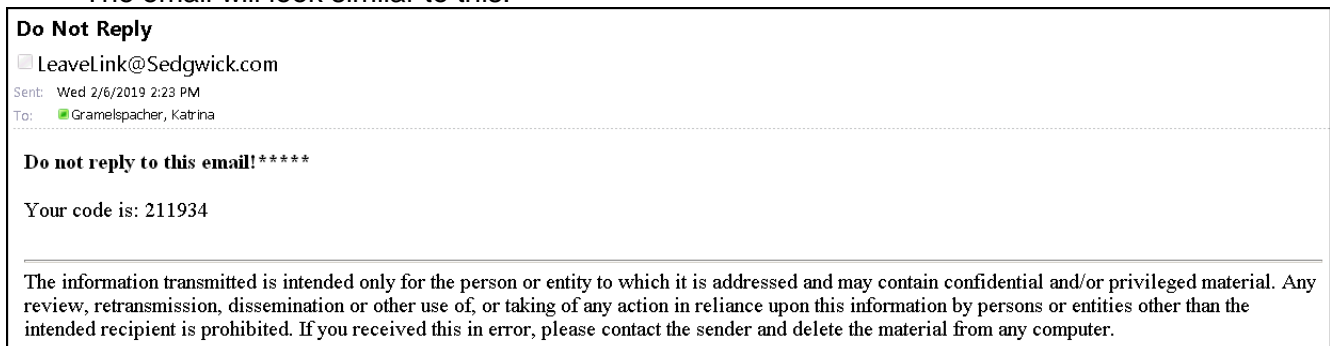
Step 2:

You will then see this message to authenticate your identity.



- a. Click on the circle to select your email address and click submit. Once you select the delivery method, you will receive an email with a one-time confirmation code. **Please note the code is only good for 10 minutes from the time it was requested.**

The email will look similar to this:



- b. Once you receive the code, input the code in the "Enter code" box as seen below and click submit.

i We've sent a one-time code to the following address:
*****lle.tang@hawaiiipacifichealth.org

The code will expire 10 minutes after being sent.

Enter code:

[Request another code](#)

Submit **Cancel**

- c. You will then be given the option to input a mobile number where you could receive future authentication codes via text. If you do not wish to enter your mobile number, click Not Now.

i Thank you for authenticating your login. Would you like to provide a mobile phone number where you could receive future authentication codes via text?

Enter mobile number (no dashes):

Submit **Not Now**

This 2-step authentication process will be required every 90 days for security purposes.

Once authentication process is completed, please return to step #5 on page 2 to continue your new leave request submission.