

LEAVE REQUEST DIRECTIONS

IF YOU ARE FACULTY, FULL TIME CLASSIFIED OR ADMINISTRATIVE/SUPERVISORY, LEAVE REQUESTS ARE ONLINE EFFECTIVE 4/20/2011

1. <u>Employee:</u> Login to myClackamas	Clackam	as Comm	unity C	ollege	:" CLACKAMA
	Business & Community	Future Students	Students St	aff MyClac	kamas for students, faculty & staff
2. Select the tab	myClackamas Portal > Faculty	48° F			C Logout



	myClackamas 📥 42° F
3. Select the tab CougarTrax.	Clackamas Community College Portal > Exempt
Select Employee	CougarTrax Applications Reports User Account
	Employee Information
Select Leave Request.	Leave Request Pay Advices
Select Leave Request.	Pay Advices



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4. Review your	S1 Exempt Si	ck Leave	02/15/10	8.0000			5
leave balances.	P1 Exempt Pe Leave	ersonal	02/15/10	24.0000			1
	Employee Name Tiffan	ie R. Clifford Employn	nent Action Ty	ype Employ	ment Action ID		
	Leave Plan*	463	36 - Exempt V	/acation	*		
a. Under Leave	Request Begin Date*				03/31/11		
leave type from the drop down menu.	Request End Date*				03/31/11		
b Enter the begin	Request Begin Time (op	otional)					
date and end date.	Request End Time (opti	onal)					
c. Enter	Total Hours Requested	*			8.0		
Requested.	Reason for Request*	vac	ation				
d. Enter Reason for				SUBMIT			
(e.g. vacation, sick							
time)	Note: If your leave	re request hour	s are grea	ater than t	he days subr	nitted, you will r	eceive an error
Click Submit.	Ex.) You reques	t 24 hours of va	cation, bu	it have se	lected only 1	date to use the	hours.
	Additionally, once	e you click 'subr	nit,' the re	equest is i	no longer acc	essible, as an e	-mail has been s
	supervisor. How	ever, if you nee then submit a r	d to make	e a change	e contact you	r supervisor and	d ask them to 'de
	request. Tou can	then submit a l	icw ieque				

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Note: If you are FT Classified, you may request partial days by indicating the begin and end times.	S3 Classified Sick Leave 11/30/96 8.0000 132.50
	P3 Classified Personal Leave 11/30/96 32.0000 6.00
	Employee Name Sara E. Simmons Employment Action Type Employment Action ID Leave Plan* 825 - Classified Sick Leave C Request Begin Date* 03/31/11 Request End Date* 03/31/11 Request Begin Time (optional) 8:00 Request End Time (optional) 10:00 Total Hours Requested* 2.0
	Reason for Request* dr. appt
	SUBMIT
	Reminder: FT Faculty: If you are absent a full day, record 8 hours. If you are absent a partial day, record the hours missed. PT Faculty: If you are absent a full day, record 8 hours. For partial absences, it is pro-rated based on the number of classes you are scheduled to teach. For example, if you are scheduled to teach 2 classes and are absent from 1 class, record 4 hours.