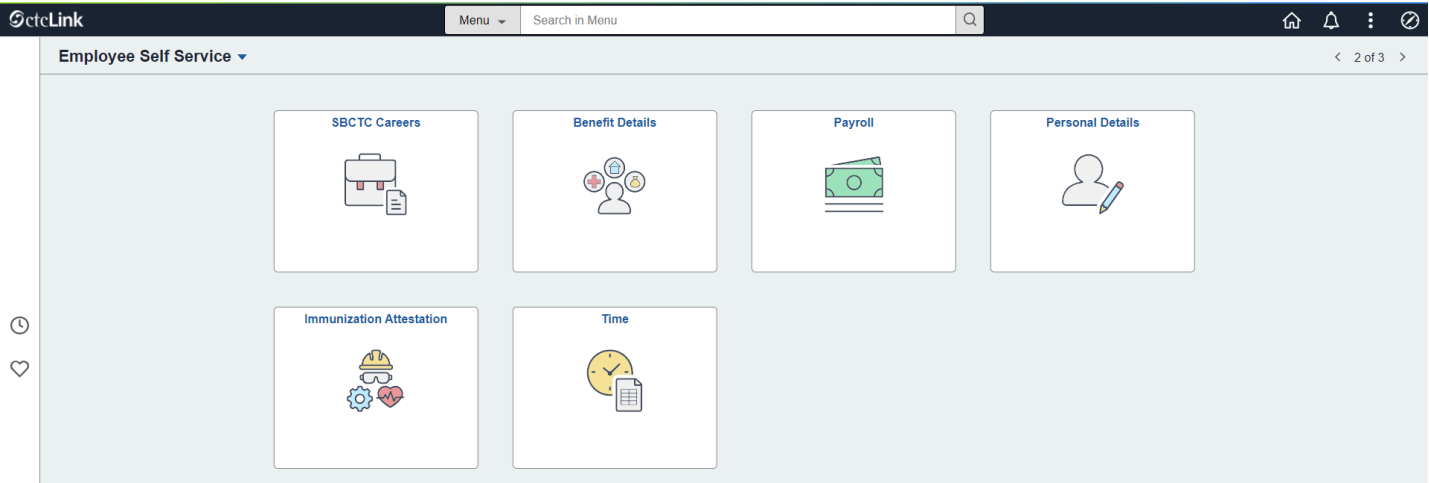


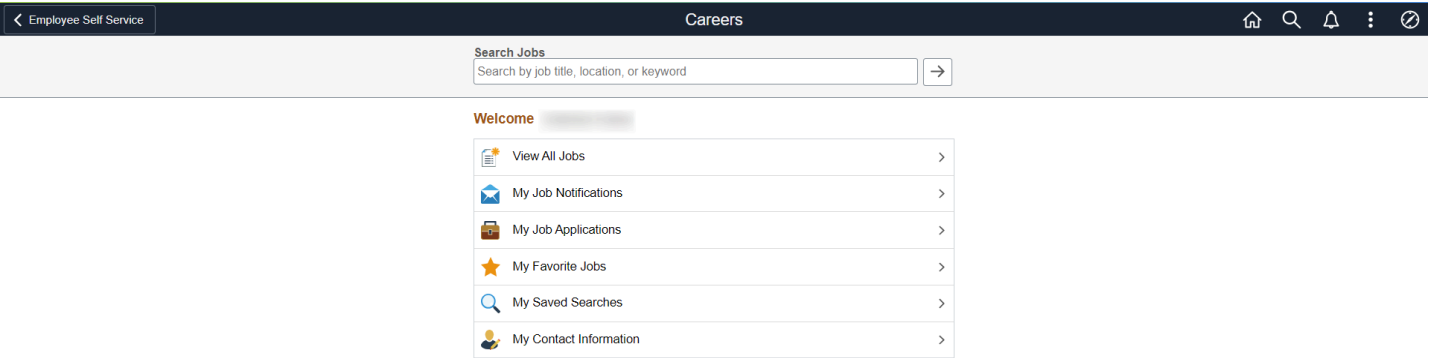
HCM Employee Self Service Homepage

Purpose: Use this document to become acquainted with the various tiles associated with the HCM Employee Self-Service Homepage.

Audience: All Staff



SBCTC Careers



Benefit Details

Benefits

< Employee Self Service

Benefit Details

Benefits

Benefits Summary

ASSOCIATE DIRECTOR

Benefits

As Of 06/22/2023

Refresh

| Type of Benefit | Plan Description | Coverage or Participation |
|--------------------------------|----------------------------|---------------------------|
| Medical | UMP Plus UW Medicine ACN | Family > |
| Dental | Uniform Dental | Family > |
| Long-Term Disability -Optional | | Waived |
| Long-Term Disability - Basic | Basic Long Term Disability | % of Salary > |
| SBRP Retirement Plan TIAA-CREF | SBRP (TIAA-CREF) 35-49 | 7.5% of Earnings |

Benefits Summary

< Employee Self Service

Benefit Details

Benefits

Benefits Summary

ASSOCIATE DIRECTOR

Benefits Summary

As Of 06/22/2023

Refresh

| Type of Benefit | Plan Description | Coverage or Participation |
|--------------------------------|----------------------------|---------------------------|
| Medical | UMP Plus UW Medicine ACN | Family > |
| Dental | Uniform Dental | Family > |
| Long-Term Disability -Optional | | Waived |
| Long-Term Disability - Basic | Basic Long Term Disability | % of Salary > |
| SBRP Retirement Plan TIAA-CREF | SBRP (TIAA-CREF) 35-49 | 7.5% of Earnings |

Payroll

< Employee Self Service

Payroll

Home

Search

Alerts

More

Close

CTC Sick Leave Buyout Consent

Paychecks

Compensation History

W-2/W-2c Consent

W 2

Consent received

W-2/W-2c Forms

W 2

2022 W-2 Form available

Direct Deposit

1

Account

Updated 10/26/2019

Tax Withholding

Updated 12/12/2022

Paycheck Modeler

CTC Sick Leave Buyout Consent

< Payroll

CTC Sick Leave Buyout Consent

CTC Sick Leave Buyout Consent Form

Your Employer has not enabled consenting for Sick Leave Buyout.

Paychecks

< Payroll

Pay

Paychecks

Filter

Info

↑↓

| Check Date | Company | Pay Begin Date / Pay End Date | Net Pay | Paycheck Number | |
|------------|---------|-------------------------------|-----------|-----------------|---|
| 06/26/2023 | | 06/01/2023 06/15/2023 | \$2885.22 | 1372469 | > |
| 06/09/2023 | | 05/16/2023 05/31/2023 | \$2885.22 | 1345735 | > |
| 05/25/2023 | | 05/01/2023 05/15/2023 | \$2885.23 | 1323166 | > |
| 05/10/2023 | | 04/16/2023 04/30/2023 | \$2885.23 | 1301049 | > |
| 04/25/2023 | | 04/01/2023 04/15/2023 | \$2885.23 | 1283837 | > |
| 04/10/2023 | | 03/16/2023 03/31/2023 | \$2885.22 | 1259961 | > |

Compensation History

Payroll

Compensation History

HomeSearchNotificationsMenu

ASSOCIATE DIRECTOR

ApplyReset

Grid Display Options

Salary Frequency
Annual

View In
Issued Currency

Filter Options

Source

Type

Job Title

Time Period
All

Compensation History

View Chart

| Date of Change | Amount | Salary Change Amount | Salary Change Percent | Source | Type | Currency | Job Title |
|----------------|-------------|----------------------|-----------------------|-------------|-----------------|----------|--------------------|
| 07/01/2022 | 105,816.000 | 3,336.000000 | 3.3 | Base Salary | Pay Rate Change | USD | ASSOCIATE DIRECTOR |
| 07/01/2021 | 102,480.000 | 3,000.000000 | 3.0 | Base Salary | Pay Rate Change | USD | ASSOCIATE DIRECTOR |
| 07/01/2020 | 99,480.000 | 14,472.000000 | 17.0 | Base Salary | Promotion | USD | ASSOCIATE DIRECTOR |
| 07/01/2019 | 85,008.000 | | 0.0 | Base Salary | Hire | USD | |

W-2/W-2c Consent

Payroll

W-2/W-2c Consent

HomeSearchNotificationsMenu

W-2/W-2c Consent Form

You currently receive W-2 or W-2c forms electronically

I would like to receive a paper copy of my IRS Forms W-2 (or W-2c in the event of a correction) and I acknowledge it will be mailed to my current address on file.

My choice to withdrawal is effective immediately and will be valid for all subsequent tax years unless I consent to receive an electronic copy, no later than December 31st of this year. I understand the withdrawal of my consent does not apply to previously issued Forms W-2.

☐ I withdraw my consent to receive W-2 or W-2c forms electronically

Submit

W-2/W-2c Forms

Payroll

View W-2/W-2c Forms

HomeSearchNotificationsMenu

View W-2/W-2c Forms

Tax Year2022

State Board for Comm. and Tech

| Tax Form | Issue Date | Year End Form | Printer Version | Filing Instructions |
|----------|------------|---------------|-----------------|---------------------|
| W-2 | 01/13/2023 | View W-2 Form | Printable W-2 | Filing Instructions |

Direct Deposit

< Payroll

Direct Deposit

Direct Deposit

Accounts

+

▼

| Order | Nickname | Payment Method | Routing Number | Account Number | Account Type | Amount/ Percent |
|-------|-------------|----------------|----------------|----------------|--------------|-----------------|
| 1 | Checking999 | Direct Deposit | 325181015 | XXXXX0906 | Checking | Full Balance > |

Tax Withholding

< Payroll

Tax Withholding

Tax Withholding

Company

Status Active

| Form Type | Jurisdiction | Withholding Details | |
|-----------|--------------|--------------------------|--------------------------|
| Federal | Federal | Tax Status Married | Dependent Amount 0.00 |
| | | Other Income 0.00 | Deductions 0.00 > |
| | | Extra Withholding 400.00 | Other |
| State | Washington | Tax Status N/A | Withholding Allowances 0 |
| | | Additional Amount 0.00 | Additional Allowances > |
| | | Additional Percentage | Other |

Paycheck Modeler

< Payroll

Start

Start

Earnings

Deductions

Taxes

Calculate

Results

Exit

Let's Get Started >

Start - Step 1 of 6

Welcome

The Paycheck Modeler can be used to calculate a hypothetical check by changing your earnings, and/or deductions, and/or tax withholding status. It will start with the standard earnings, deductions and taxes that normally appear on your paycheck.

To start, you must acknowledge and agree that you understand the Paycheck Modeler usage terms and conditions.

Agree to the Usage Terms and Conditions

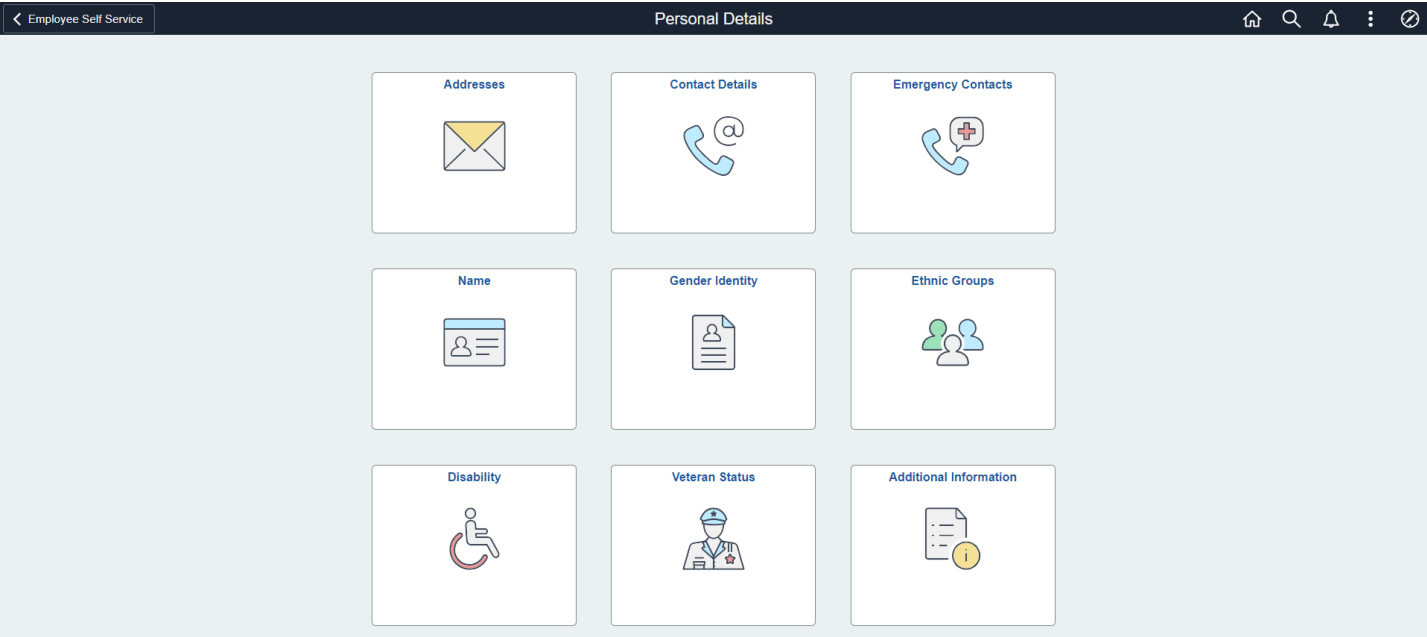
- The Paycheck Modeler contains confidential information that is intended for Gretchen Fulmer only. If you are not Gretchen Fulmer, exit the application immediately and notify the Payroll Department.
- Usage of the Modeler is intended to provide general guidance and estimates.
- The check generated by the Modeler is not a genuine paycheck. There is no guarantee that you will receive the modeled results.
- You should not make financial or benefit related decisions based on the modeled check results.

☐ Yes, I have reviewed and agree to the terms and conditions.

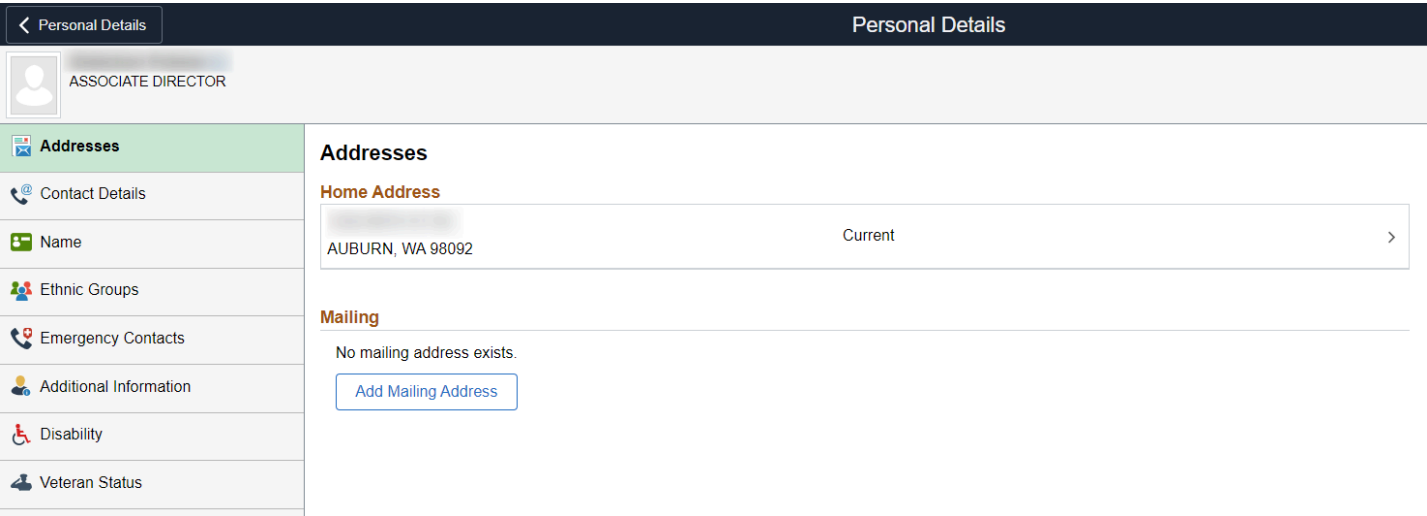
Exit

Let's Get Started >

Personal Details



Addresses



Contact Details

< Personal Details

Personal Details

ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Contact Details

Phone

+

| Number | Extension | Type | Preferred |
|--------|-----------|----------|-----------|
| | | Business | > |
| | | Mobile | ✓ > |

Email

+

| Email Address | Type | Preferred |
|---------------|--------|-----------|
| | Campus | ✓ > |

Instant Message

No instant message exists.

Add IM

Name

< Personal Details

Personal Details

ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Name

| | | |
|--|---------|---|
| | Current | > |
|--|---------|---|

Ethnic Groups

Personal Details

Personal Details

ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Ethnic Groups

+

White

>

Voluntary Self-Identification

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Emergency Contacts

Personal Details

Personal Details

ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Emergency Contacts

+

| Contact Name | Relationship | Preferred Contact |
|--------------|--------------|-------------------|
| | Parent | > |
| | Parent | > |
| | Spouse | ✓ > |

Additional Information

Personal Details

Personal Details

ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Additional Information

Legal Sex F

Date of Birth

Birth Country

Birth State

Social Security Number

Smoker

Date Entitled to Medicare

Original Start Date 08/19/2015

Last Start Date 07/01/2019

Highest Education Level Bachelors Level Degree

Employee Information

Contact the Human Resources department if any of your Employee Information is incorrect.

Disability

Personal Details

Personal Details

ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: Date: 06/22/2023

Employee ID: (if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy

- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability

- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability

☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Submit

Veteran Status

Personal Details

ASSOCIATE DIRECTOR

Addresses

Contact Details

Name

Ethnic Groups

Emergency Contacts

Additional Information

Disability

Veteran Status

Personal Details

Veteran Status

Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12965.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-855-4-USA-DOL.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by selecting the appropriate option below.

☐ I belong to the following classifications of protected veterans (choose all that apply):

- ☐ Disabled Veteran
- ☐ Recently Separated Veteran
- ☐ Active Duty Wartime or Campaign Badge Veteran
- ☐ Armed Forces Service Medal Veteran

☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

☐ I am NOT a protected veteran.

☐ I am NOT a veteran.

Military Discharge Date

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Immunization Attestation

Employee Self Service

Immunization Attestation

COVID-19 Vaccination Attestation

Vaccination Details

INSTRUCTIONS FOR ENTERING BOOSTERS:
1) If the initial Immunization/Exemption already exists for a prior date, select Immunization Type "COVID-19 Booster" irrespective of the brand of vaccine taken.
2) For entering multiple boosters, select Immunization Type "COVID-19 Booster" for each immunization and enter the date taken.

?

+

| *Immunization/Exemption | *Date Taken | Verified by HR | Date Verified | |
|-------------------------|-------------|----------------|---------------|---|
| Moderna - 1st dose | 08/16/2021 | Yes | 09/27/2021 | — |
| Moderna - 2nd dose | 09/20/2021 | Yes | 09/27/2021 | — |

Self Attestation

I declare that the information I have provided is accurate and true, and I acknowledge that it may be subject to further verification.

Yes

I Agree

Disciplinary Action

I acknowledge that knowingly providing incorrect information and/or not following college COVID protocols, including policies on face coverings, may result in disciplinary action.

Yes

I Agree

Submit

Time

Time

Enter Time

06/16/23 - 06/30/23

Reported 0 00

Time Summary

06/16/23 - 06/30/23

No Time Reported

Exceptions

0

Report Time

Thursday, Jun 22, 2023


Report Time

Payable Time


Last Time Period 06/01/23 - 06/15/23

Total Hours 90 Hours


Request Absence




Cancel Absences




View Requests



Absence Balances



CTC Time



Enter Time

< Time
Home Search Notifications Settings

Enter Time

Job Information

Please check the Employee Record, Hourly Rate and Supervisor Name for the selected Job Title before entering time.

Empl Record 0
 Hourly Rate 50.678161
 Supervisor Name

Job Title ASSOCIATE DIRECTOR

<
16 June - 30 June 2023
>

Semi-Monthly Period
Scheduled 80.00 | Reported 0.00

[Submit](#)
[Print Timesheet](#)

| *Time Reporting Code / Time Details | 16-Friday | 17-Saturday | 18-Sunday | 19-Monday | 20-Tuesday | 21-Wednesday | 22-Thursday |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Scheduled 0.00 Reported 0.00 Hours | | | | | | | |
| | Reported 0 | Reported 0 | Reported 0 | Reported 0 | Reported 0 | Reported 0 | Reported 0 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Comments | | | | | | | |

+
-

Time Summary

Reported Time

< Time

Time Summary

Job Title ASSOCIATE DIRECTOR

*View By

Period

16 June - 30 June 2023

Scheduled 80.00 | Reported 0.00 Hours

Reported Time

Payable Time

View Legend

| Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 16 Reported: 0 Hours | 17 Reported: 0 Hours | 18 Reported: 0 Hours | 19 Reported: 0 Hours | 20 Reported: 0 Hours | 21 Reported: 0 Hours | 22 Reported: 0 Hours |
| 23 Reported: 0 Hours | 24 Reported: 0 Hours | 25 Reported: 0 Hours | 26 Reported: 0 Hours | 27 Reported: 0 Hours | 28 Reported: 0 Hours | 29 Reported: 0 Hours |
| 30 Reported: 0 Hours | | | | | | |

JUNE
22
Thursday

Total Reported:
Time Reporting Code:

Actions

Payable Time

< Time

Time Summary

Job Title ASSOCIATE DIRECTOR

*View By

Period

16 June - 30 June 2023

Reported 80 Hours

Reported Time

Payable Time

View Legend

| Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday |
|--------|----------|--------|--------------------------|--------------------------|--------------------------|--------------------------|
| 16 | 17 | 18 | 19 Regular - 10 Hours | 20 Regular - 10 Hours | 21 Regular - 10 Hours | 22 Regular - 10 Hours |
| 23 | 24 | 25 | 26 Regular - 10 Hours | 27 Regular - 10 Hours | 28 Regular - 10 Hours | 29 Regular - 10 Hours |
| 30 | | | | | | |






JUNE
22
Thursday

Quantity: 10 Hours
Time Reporting Code: Regular - 10 Hours
Payable Status: Closed

Exceptions

< Time

View Exceptions



Job Title ASSOCIATE DIRECTOR

View My Exceptions





There are no exceptions to display.

Explanation

Report Time

< Time

Report Time



Thursday, Jun 22, 2023

*Time Reporting Code

Quantity

Submit

Time Details

Submitted 0 Hours

Comments (0)

Payable Time

Summary

< Time

Payable Time

*From

06/16/2023

*Through

06/30/2023

Payable Time Summary

Summary





Detail

| Time Reporting Code | Quantity (Hours) |
|---------------------|------------------|
| Regular | 80.00 |
| Total | 80.00 |

Detail

< Time

Payable Time



*From
06/16/2023

*Through
06/30/2023

Payable Time Details

Summary





Detail

| Date | Time Reporting Code | Quantity (Hours) | Payable Status |
|------------|---------------------|------------------|----------------|
| 06/19/2023 | Regular | 10.00 | Closed |
| 06/20/2023 | Regular | 10.00 | Closed |
| 06/21/2023 | Regular | 10.00 | Closed |
| 06/22/2023 | Regular | 10.00 | Closed |
| 06/26/2023 | Regular | 10.00 | Closed |
| 06/27/2023 | Regular | 10.00 | Closed |
| 06/28/2023 | Regular | 10.00 | Closed |
| 06/29/2023 | Regular | 10.00 | Closed |
| | Total | 80.00 | |

Request Absence

< Time

Request Absence



Changing the Absence Name will clear the detailed information associated.

Submit

*Absence Name890 Sick Leave Take

ReasonSelect Absence Reason

*Start Date06/22/2023

End Date

Duration10.00Hours

Partial DaysNone

Comments

Balance Information


As Of 06/15/2023 339.00 Hours**

View Balances


View Requests

Disclaimer The current balance does not reflect absences that have not been processed.

Cancel Absences

| < Time | | Cancel Absences | |
|--|--|-------------------------------------|---|
| View Requests | | 2 rows | |
|  | | | |
| 890 Vacation Leave Approved | | 08/21/2023 - 08/23/2023 30 Hours | > |
| 890 Sick Leave Take Approved | | 08/17/2023 10 Hours | > |

View Requests

| < Time | | View Requests | |
|--|--|-------------------------------------|---|
| View Requests | | 6 rows | |
|  | | | |
| 890 Vacation Leave Approved | | 08/21/2023 - 08/23/2023 30 Hours | > |
| 890 Sick Leave Take Approved | | 08/17/2023 10 Hours | > |
| 890 Vacation Leave Approved | | 05/30/2023 - 05/31/2023 20 Hours | > |
| 890 Vacation Leave Approved | | 05/25/2023 10 Hours | > |
| 890 Vacation Leave Approved | | 05/22/2023 2 Hours | > |
| 890 Vacation Leave Approved | | 05/10/2023 10 Hours | > |

Absence Balances

| | |
|----------------------------|--------------|
| 890 Personal Holiday SBCTC | |
| As Of 06/15/2023 | 8.00 Hours |
| 890 Sick Leave SBCTC | |
| As Of 06/15/2023 | 339.00 Hours |
| 890 Vacation Ent SBCTC | |
| As Of 06/15/2023 | 288.18 Hours |

**Disclaimer The current balance does not reflect absences that have not been processed.

CTC Time

Timesheet

[Time](#)

CTC ESSS T: ESS:SS T ESS 'ESS:SSSSSSS Time

[New Window](#) | [Help](#)

Timesheet

Overtime Requests

Comp Time Balances

Monthly Schedule

Timesheet

ASSOCIATE DIRECTOR

Employee ID

Empl Record 0

Earliest Change Date 07/01/2023

Actions

Select Another Timesheet

*View By Week

Previous Week

Next Week

*Date 06/19/2023

Reported Hours 0.00

Print Timesheet

From Monday 06/19/2023 to Sunday 06/25/2023

| Mon 6/19 | Tue 6/20 | Wed 6/21 | Thu 6/22 | Fri 6/23 | Sat 6/24 | Sun 6/25 | Total | Time Reporting Code | Override Reason | Business Unit | Combination Code | ChartFields | | |
|----------|----------|----------|----------|----------|----------|----------|-------|---------------------|-----------------|---------------|------------------|-------------|---|---|
| | | | | | | | | | | HR890 | | | + | - |
| | | | | | | | | | | HR890 | | | + | - |
| | | | | | | | | | | HR890 | | | + | - |

Submit

Reported Time Status

Summary

Exceptions

Payable Time

Reported Time Status

1-1 of 1

| Date | Total | TRC | Description | Comments |
|------|----------|-----|-------------|----------|
| | 0.000000 | | | |

Request Absence

Self Service

Time Reporting

Overtime Requests

< Time

Timesheet

Overtime Requests

Comp Time Balances

Monthly Schedule

Overtime Requests

ASSOCIATE DIRECTOR

Actions

View Options

Month 06 - June Year 2023 View Requests

☐ View All Requests

No Overtime Requests found. Select Add Request to submit a request for approval.

Add Request

Self Service

Time Reporting

CTC ESS Time

Employee ID

Employment Record 0

Comp Time Balances

< Time

Timesheet

Overtime Requests

Comp Time Balances

Monthly Schedule

There is no Leave Balance data to be displayed.

CTC ESS Time

Monthly Schedule

< Time

Timesheet

Overtime Requests

Comp Time Balances

Monthly Schedule

CTC ESS Time

Employee ID

Previous Month

06 - June

2023

Next Month

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

10 Hours

1

OFF

2

OFF

3

OFF

4

10 Hours

5

10 Hours

6

10 Hours

7

10 Hours

8

OFF

9

OFF

10

OFF

11

10 Hours

12

10 Hours

13

10 Hours

14

10 Hours

15

OFF

16

OFF

17

OFF

18

10 Hours

19

10 Hours

20

10 Hours

21

10 Hours

22

OFF

23

OFF

24

OFF

25

10 Hours

26

10 Hours

27

10 Hours

28

10 Hours

29

OFF

30