

Scheme

- Colleague Self-Service login
- Review/submit Leave hours
- Submit time off

Questions? Employment Services Phone: (580-559-5260)

Email: es@ecok.edu











New Request			
eave Type Select a Leave Type	~	Click on drop down to select Leave Type	
tart Date *		End Date *	
M/d/yyyy	Ċ	M/d/yyyy	Ċ)

eave Type	Le	eave Ty	pe						
Select a Leave Type	^] L	Vacatio	on						
	St	art Date	e *(i)						End Date *
		M/d/yyy	ý						
Sick									
Vacation		«	<	Ju	ine 202	24	>	»	
Administrative Leave Pay Exe		Su	Мо	Tu	We	Th	Fr	Sa	Click on date of
Bereavement		26	27	28	29	30	31	1	leave
		2	3	4	5	6	7	8	
Emergency Closing		9	10	11	12	13	14	15	
Family Leave	_	16	17	18	19	20	21	22	
ury Duty		23	24	25	26	27	28	29	P. and its affiliates. All rights reserved. <u>Privacy</u>
		30	1	2	3	4	5	6	

eave Type	Select an End date week's leave r	to populate the eport range
tart Date *	End Date *	
6/17/2024	6/21/2024	

ve Ty /acati rt Dat	/pe on e *		End Date * 6/21/2024			Current Leave Balance: Pending: Effective Balance: Total Requested:
		For each	day of leave, pu	t in the numbe	r of	
			hours missed fr	om work		
	SU	MO	TU	WE	TH	FR
	16	17	18	19	20	21
	10					



					Request additional time
					off
eave Requests					Request Leave
Leave Type	Total Hours		Date Range	Actioner	Status
Vacation		38.00	<u>6/17/2024 - 6/24/2024</u>	Collins, Dana	Submitted

ew Request	
eave Type	
Select a Leave Type	
Sick	
Vacation	
Administrative Leave Pay Exe	
Bereavement	
Emergency Closing	
Family Leave	
Jury Duty	
Leave Without Pay	





NOTES

- Leave Request must be completed prior to requesting off.
- Leave is accrued at the end of each month.
- An email will be sent each month regarding the time sheet, leave report, and approval deadline.





Contact: Employment Services (580) 559-5260 es@ecok.edu