**WORKDAY ADDITIONAL DATA FIELDS**

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| **DATA FIELD** | **INFORMATION TO BE ENTERED** |
| Type of Leave/Time Off | Reason for Family and Medical Leave |
| Condition Identifier | Event number and any other condition specific information |
| Start Date | First date of leave taken for this condition |
| Proposed End Date | End Date indicated on certification |
| Actual End Date | Date no more leave is needed for this condition or all protected leave has exhausted |
| Comments |  |
| Leave Type | Law(s) leave is protected by |
| Chronic Condition | Indicate if ongoing Condition |
| SAIF Related | Indicate if leave is protected by SAIF |
| Frequency | As indicated on medical documentation |
| Days Impacted per Month | As indicated on medical documentation |
| Hours per Month | As indicated on medical documentation |
| Days Impacted per Week | As indicated on medical documentation |
| Days/Period of Time | As indicated on medical documentation |
| Hours per Occurrence | As indicated on medical documentation |
| Eligibility Notice Sent | Date eligibility notification was sent |
| Approval Sent | Date designation letter was sent |
| Med Cert Due Date | 15 days from date medical certification was sent to the employee |
| Med Cert Reminder Sent | Date the reminder for a medical certification was sent |
| Insufficient Info Notice Sent | Date insufficient information letter was sent |
| Request for Updated Info Sent | Date request for information was sent |
| Denial Sent  | Date designation letter was sent |
| Exhaust Sent | Date exhaust notice was sent |
| Annual Recertification Sent | Date request for information was sent  |

\*Workday Additional Data may be edited only by the Absence Partner and is viewable to the employee.