



## Adding Intermittent FMLA days to your Intermittent FMLA Tracker through Employee Self Service (ESS)

- 1) Go to <https://genescoinc.ess-absencetracker.com/login>. Enter your **Email** and **Password**. Select **Login**.

**AbsenceSoft**

### Log In

Welcome Back! Please enter your credentials.

Email

Password

The Password field is required.

Terms And Conditions  Yes  No

By logging into this site, you agree to the site's [Terms And Conditions](#)

**Login**

[Register New Account](#) [Forgot Password?](#)

- 2) Select **My Cases**.

**AbsenceTracker™**

Hello, John Doe  
kfry@genesco5.io | Genesco Inc.

**MY CASES** **NEW REQUEST**

3) Select **Submit Intermittent Absence**.

JOHN DOE CASE NUMBER #882038828 OPEN

DATES 1/1/2025 - 12/31/2025 REASON: Employee Health Condition  
 ESTIMATED RETURN TO WORK: 1/2/2026 TYPE: Intermittent

4) Key in the date you are requesting to use Intermittent FMLA time under **Select the Date of your time off**. Select either **Incapacity or Treatment/Office Visit** under **Select the reason for your time off**. Then key in your start and end time for your shift under the **Start Time** and **End Time** selections.

Select the Date of your time off

Select the reason for your time off

**Incapacity:** The inability to work or perform other regular daily activities due to the serious health condition or treatment and recovery from a serious health condition for you or a covered family member.

**Treatment/Office Visit:** Includes (but is not limited to) examinations to determine if a serious health condition exists and evaluations and treatment of the condition for you or a covered family member. It does not include routine physical, eye, or dental examinations.

Start Time

End Time

How much time do you need?

March 2025						
Su	Mo	Tu	We	Th	Fr	Sa
23	24	25	26	27	28	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	31	1	2	3	4	5

5) Once all of this information has been keyed in select **Submit** to submit your request.

**Incapacity:** The inability to work or perform other regular daily activities due to the serious health condition or treatment and recovery from a serious health condition for you or a covered family member.

**Treatment/Office Visit:** Includes (but is not limited to) examinations to determine if a serious health condition exists and evaluations and treatment of the condition for you or a covered family member. It does not include routine physical, eye, or dental examinations.

Start Time

End Time

How much time do you need?

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	31	1	2	3	4	5

CANCEL

- 6) This time has now been added to your Intermittent FMLA tracker. This time will be showing up on the calendar as Blue until Leave completes their review of your request. Once approved this color will update to be Green on the Calendar with a Green check mark by the date under Time Off Requests. Please contact the Leave team at [Leave@genesco.com](mailto:Leave@genesco.com) or 615-367-7121 if you have any questions.

The screenshot displays the user interface for John Doe's Intermittent FMLA tracker. It is divided into two panels. The top panel shows a pending request for 8 hours on 3/30/2025, with the calendar date 3/30 highlighted in blue. The bottom panel shows the same request as approved on 3/30/2025 for 8 hours, with a green checkmark next to the request and the calendar date 3/30 highlighted in green. Red arrows point to the green checkmark and the green date in the bottom panel.

**JOHN DOE** VIEW SCHEDULE REQUEST NEW CASE FOR JOHN FILTER

**AVAILABLE TIME OFF**

Family Medical Leave Act: 12 Weeks  
AVAILABLE: 12 Weeks  
USED: 0 Weeks

« **March 2025** »

Su	Mo	Tu	We	Th	Fr	Sa
23	24	25	26	27	28	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	31	1	2	3	4	5

**TIME OFF REQUESTS**

DATE: 3/31/2025 TIME OFF: 1 hour

DATE: 3/30/2025 TIME OFF: 8 hours

DATE: 3/31/2025 TIME OFF: 1 hour

DATE: 3/30/2025 TIME OFF: 8 hours ✓