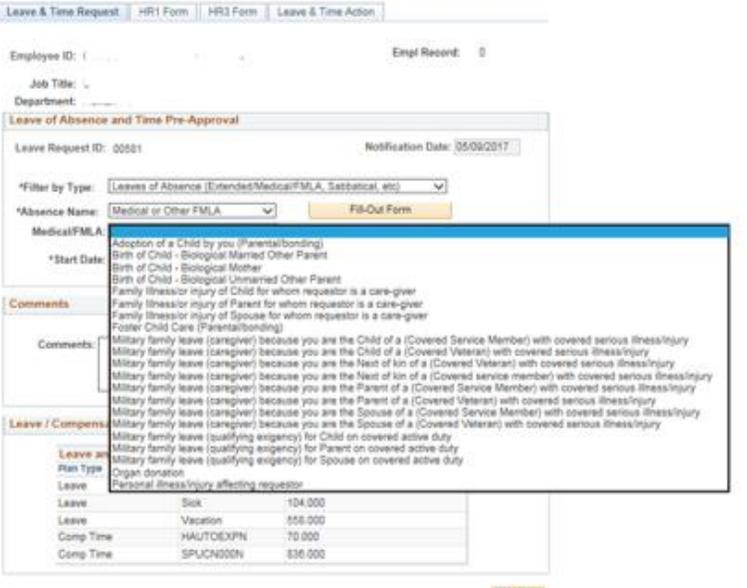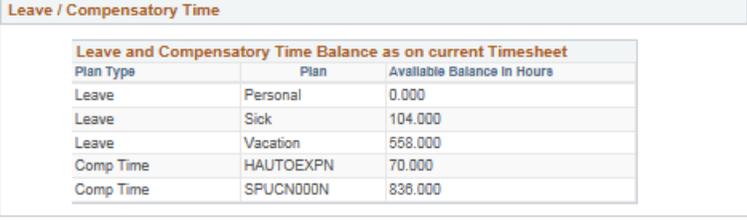# University of Connecticut

Submitting a Leave Request: FMLA and Other Medical Leaves of Absence

Overview   Employees will use this job aid to request a medical leave of absence for themselves or eligible family members, including maternity and paternity leaves.

Process Steps

Step	Action	Screenshot
1	Navigation: **Main Menu > Core-CT HRMS > Self Service > Leave Management > Leave Request** or From your **Home** page under **Leave Management,** click **Submit or Modify Leave Request**	
2	On the **ESS Leave Request** page, click on the **Add a New Value** tab. Your employee ID will auto-populate and cannot be changed. Your employee record will auto-populate with your primary job record number. If you are taking a leave from your primary job, click **Add** below to begin. If you are taking a leave from a secondary job, enter the employee record number of your secondary job, then click **Add**. **Note:** If you do not know the employee record number of your secondary job, click on the magnifying glass to open a search pop-up box. Click **Look Up** and each of your record numbers with a job description and department will be listed. Click on the record number from which you want to take your leave and it will auto-populate the **Empl Record** field.	

Step	Action	Screenshot
3	You will be brought to the **Leave & Time Request** tab in which information about your job will auto-populate. Under the **Leave of Absence and Time pre-Approval** section, select the following: • **Filter By Type:** Leaves of Absence (Extended/Medical/FMLA, Sabbatical, etc) • **Absence Name:** Medical or Other FMLA • **Medical/FMLA:** Select the most applicable medical/FMLA reason. If you select Birth of Child – Biological Mother, you will also be prompted to enter the **Estimated Delivery Date** and **Delivery Method.** Enter the **Start Date.** The **Start Date** is the first date you are scheduled to work and requesting leave. Enter the **End Date.** The **End Date** is your last scheduled workday prior to your return to work. For example, if you are returning to work on a Monday, and you normally work Monday through Friday, your **End Date** would be the Friday before your return to work.	
4	The **Comments** section allows you to include additional information that will be visible to your supervisor and the Human Resources Leave Administrator.	
5	If you are a time reporter, the **Leave/Compensatory Time** section will display your balances that appear on your current Timesheet. This information will be helpful when completing the **FMLA-HR1 Form.** Click on the second tab, **HR1 Form.**	

Step	Action	Screenshot
6	The **FMLA-HR1** form includes information about federal (FMLA) and state (C.G.S. 5-248a) law. Your supervisor will not have access to your completed form. Only the leave administrator can view your completed form. Some of the information about you is auto-populated. Verify that the information is correct and fill in any blanks.	State of Connecticut Human Resources **Employee Request** For Leave of Absence under the Federal Family and Medical Leave Act (FMLA) and/or State C. G. S. 5-248a (Family and medical leave from employment) *(To be completed by Employee)* Form #: **FMLA-HR1** Revision Date: 11/2016 **Please read carefully the information regarding your family/medical leave entitlements under federal (FMLA) and state (C.G.S. 5-248a) law. Then complete this form (pages 1 - 3) and return it to your agency's Human Resources Unit. Be sure to attach or provide promptly any required documentation.** **Standard Family/Medical Leave: Federal FMLA:** Employees are entitled to take up to 12 workweeks of unpaid leave in a 12-month period provided they meet eligibility and reason for leave requirements. **State:** Permanent state employees have an entitlement of up to 24 workweeks of unpaid family medical leave in a two-year period. You may be eligible for leave under one or the other law, under both or none. Depending upon several factors, if you are eligible under both laws and the reason for leave qualifies under both laws, the leave may count simultaneously toward both entitlements. **Required Documentation:** **Form P-33A - Employee: Employee's own serious health condition/illness** **Form P-33-B - Caregiver: Serious health condition/illness of employee's spouse, parent or child** **Military Family Leave: Federal:** Eligible employees who are family members of covered servicemembers (including covered veterans) will be able to take up to 26 workweeks of unpaid federal FMLA leave in a "single 12-month period" to care for a covered servicemember or a covered veteran with a covered serious illness or injury incurred or aggravated in the line of duty on covered active duty and/or up to 12 workweeks of unpaid federal FMLA leave because of any qualifying exigency arising out of the fact that employee's spouse, son, daughter, or parent is a covered servicemember on covered active duty. State: Eligible employees will be able to take up to 26 weeks of unpaid leave in a two-year period to care for an immediate family member or next of kin who is a current member of the US Armed Forces, National Guard or military reserves and is undergoing medical treatment, recuperation or therapy, an inpatient, or on the temporary disability retired list for a serious illness or injury and/or up to 24 workweeks of unpaid state leave in a two-year period because of any qualifying exigency arising out of the fact that employee's spouse, son, daughter, or parent is a covered servicemember on covered active duty. Under both **state** and **federal** law, an employee can take caregiver leave only one time per covered servicemember, per injury. **Required Documentation:** **Form DOL-WH384: Certification of Qualifying Exigency** **Form DOL-WH385: Certification for Serious Injury or Illness of Current Servicemember** **Form DOL-WH385-V: Certification for Serious Injury or Illness of a Veteran**
7	**Type of Leave Requested** section Block Leave is auto-populated and should be unchecked if you are requesting an Intermittent or Reduced Schedule Leave. If your leave will be a combination of Block, Intermittent, and/or Reduced Schedule leaves, check all that apply. If you are taking an Intermittent or Reduced Schedule Leave, type into the description box as much information as you can regarding when you will be unable to work.	**TYPE OF LEAVE REQUESTED:** *(Check applicable box)* ☑ **Block Leave:** A one-time continuous absence for a single qualifying reason. (e.g., one month) ☐ **Intermittent Leave:** Leave taken in separate blocks of time due to a single qualifying reason. ☐ **Reduced Schedule Leave:** A leave schedule that changes the employee's normal work schedule for a period of time by reducing the employee's usual number of working hours per workweek or hours per workday. **NOTE:** Under **federal FMLA**, intermittent leave and reduced schedule leave are available only for an employee's own serious health condition, a serious health condition of the employee's spouse, parent or child, military caregiver leave and qualifying exigency leave. Under the **state family/medical leave act**, intermittent and reduced schedule leave is available **only** for qualifying exigency leave. *Please describe your leave request*

8	**Use of Accruals** section: If you are a non-time reporter, this section does not apply, so leave blank. Please note for time reporters, there is no need to complete the chart under the following situations: • When the absence is for your own personal illness or organ donation and you have enough sick time (including prior sick and banked sick). • When a birth mother will be taking only the period of disability off (6 weeks or 8 weeks) and has enough sick time (including prior sick, banked sick and gifted sick). For all other situations, time reporters who want to use accruals to receive pay during their leave must indicate which accruals they want used in priority order. Please note the following when completing the chart: • If your leave is to take care of a family member, you have the option to first use any available sick time by checking the box under "Sick Family Days." • If you are the non-birth parent and taking leave following the birth or adoption of a child, you have the option to first use any available sick time by checking the box under "Parental Days." Once your sick days are exhausted, you have the option to either: • Designate the number of hours of each accrual you want to use by writing in the hours on the line next to the reason for your leave, or • Use "All Available" by checking the applicable box on the first row As a reminder, your accruals as of your current timesheet are shown on the **Leave & Time Request** tab. Please note the following: • Comp Time Accruals are those in which the Plan name begins with a "C" • Holiday Comp Accruals are identified as Comp Time, but the Plan name begins with an "H"	**USE OF ACCRUALS:** • The choice to use your accruals during your absence must be made before you begin your leave. • If you want to change your accrual designation, you must contact your Human Resources Department. • Accrual changes will be applied prospectively. • If the reason is for your own serious illness: • Sick leave accruals must be used. • Sick leave accruals must be exhausted before other earned accruals can be used. • If you do not elect to use your accruals, the leave will be unpaid. • If you choose not to use all of your accruals or if your accruals are exhausted before the leave ends, the remainder of the leave will be unpaid. • If you elect to use your accruals, that paid time is spent down completely before you go into unpaid status. • You cannot intermingle unpaid time with paid time. **Fill In Chart:** You must designate the number of hours or you may indicate "Use All Available". *[Chart — Use of Accruals]* **Fill In Chart:** You must designate the number of hours or you may indicate "Use All Available". *[Chart — Use of Accruals]* **Fill In Chart:** You must designate the number of hours or you may indicate "Use All Available". *[Chart — Use of Accruals]*

Fill In Chart: You must designate the number of hours or you may indicate "Use All Available".

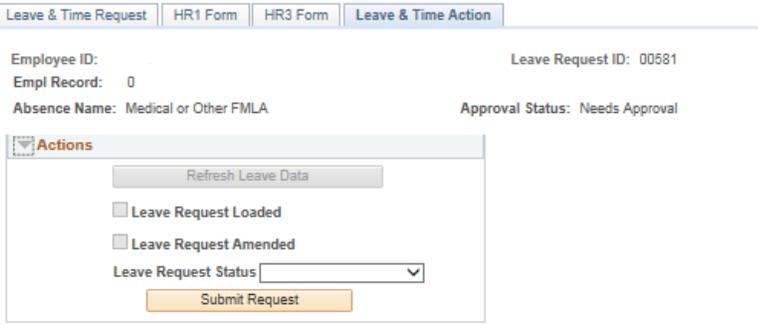| Use of Accruals	Vacation Accruals	Personal Leave	Comp Time Accruals	Holiday Comp Accruals	Sick Family Days (based on bargaining unit contract)	Parental Days (based on bargaining unit contract)
Use All Available	☐	☐	☐	☐	☐	☐
Set Priority						
Birth of Child - Biological Mother (after sick time is exhausted)						
Birth of Child - Married Other Parent						
Birth of Child - Unmarried Other Parent						
Adoption						
Placement of a Foster Child						
Employee's Own Serious Health Condition/Serious Illness (after sick time is exhausted)						
Serious Health/Serious Illness of Spouse, Child, Parent						
Organ or Bone Marrow Donor						
Military Family Leave: Caregiver - Covered Serious Injury/Illness of a Covered Servicemember or a Covered Veteran						
Military Family Leave: Qualifying Exigency						

Fill In Chart: You must designate the number of hours or you may indicate "Use All Available".

Use of Accruals	Vacation Accruals	Personal Leave	Comp Time Accruals	Holiday Comp Accruals	Sick Family Days (based on bargaining unit contract)	Parental Days (based on bargaining unit contract)
Use All Available	☐	☐	☐	☐	☐	☐
Set Priority						
Birth of Child - Biological Mother (after sick time is exhausted)						
Birth of Child - Married Other Parent						

Fill In Chart: You must designate the number of hours or you may indicate "Use All Available".

Use of Accruals	Vacation Accruals	Personal Leave	Comp Time Accruals	Holiday Comp Accruals	Sick Family Days (based on bargaining unit contract)	Parental Days (based on bargaining unit contract)
Use All Available	☐	☐	☐	☐	☐	☐
Set Priority						
Birth of Child - Biological Mother (after sick time is exhausted)						

	You then select the priority in which you want to use your accruals. On the Set Priority row, indicate a 1 under the accruals you want used first, a 2 under the accruals you want used second and so on.	**Fill In Chart:** You must designate the number of hours or you may indicate "Use All Available".
9	At the bottom of the form, click on the attestation and then click **Proceed to HR3 Form.**	I hereby confirm that I have read this form which accompanies my leave request and can attest that the information contained herein is accurate to the best of my knowledge. _____ _____ **(Employee Signature)** **(Date)** I am serving as an Authorized Agency Representative on behalf of the employee who is not able to submit this leave request. _____ _____ **(HR Leave Admin Signature)** **(Date)** Proceed to HR3 Form *This form provided by the Department of Administrative Services*
10	Read the **HR3**, Intent to Return to Work**,** and click on the box confirming your intent to return to work. Click on the attestation, then click **Proceed to Submit Page**.	State of Connecticut Human Resources **Intent to Return to Work** Form #: **FMLA - HR3** Revision Date: 1/2017 **To be completed by the employee before taking leave under federal FMLA and/or state family/medical leave (C.G.S. 5-248a)** Section 5-248a(d) of the Connecticut General Statutes and Sections 5-248b-3 through 5-248b-7 of the Regulations of Connecticut State Agencies require that any permanent employee who requests a family or medical leave of absence under C.G.S. 5-248a shall submit to the employee's appointing authority a signed statement of the employee's intent to return to his/her position in State service upon termination of the leave. Section 825.311 of the Code of Federal Regulations permits the employer to require an employee on FMLA leave to verify his/her intent to return to work. This form is used for that purpose. The projected end date of my leave is _____ I hereby confirm my intent to return to work at the conclusion of my approved leave. ☐ I hereby confirm that I have read this form which accompanies my leave request and can attest that the information contained herein is accurate to the best of my knowledge. _____ (Signature Date) (Employee Name - **Print**) I am serving as an Authorized Agency Representative on behalf of the employee who is not able to submit this leave request. _____ (Signature Date) (HR Leave Admin Name) Proceed to Submit Page

11	On the **Leave & Time Action** tab, click **Submit Request.**	Leave & Time Request | HR1 Form | HR3 Form | **Leave & Time Action**
		
		Employee ID: Leave Request ID: 00581
		Empl Record: 0
		Absence Name: Medical or Other FMLA Approval Status: Needs Approval
		
		▼Actions
		           Refresh Leave Data
		☐ Leave Request Loaded
		☐ Leave Request Amended
		Leave Request Status [⌄]
		         Submit Request

12	Your request is sent to the Human Resources Leave Administrator (HRLA) and an email notification is sent to your supervisor. The HRLA will determine your eligibility for federal FMLA and State C.G.S. 5-248a and send you a completed HR2a form, Notice of Eligibility and Rights and Responsibilities. This indicates only your eligibility; the HRLA will determine if your leave qualifies only after receiving and reviewing the Medical Certification. You or a treating physician must provide directly to the HRLA a completed Medical Certification (P-33A for Employee, P-33B for Family). When the HRLA receives the Medical Certification, you will be sent a completed HR2b form, Agency Response: Designation Notice, indicating if your leave qualifies for federal FMLA and/or State C.G.S. 5-248a. For time reporters, the HRLA will send a completed HR2c form, CORE CT Coding, to you and your supervisor that indicates the Time Reporting Codes that will be prepopulated on your time cards during the duration of your leave. Please note that should you go unpaid during your leave, timecoding stops once the unpaid leave is entered in your job record. Should you need to modify or cancel your leave after it has been submitted, please refer to the job aid for Modifying/Cancelling a Leave Request: FMLA.	