



**UConn** | UNIVERSITY OF CONNECTICUT

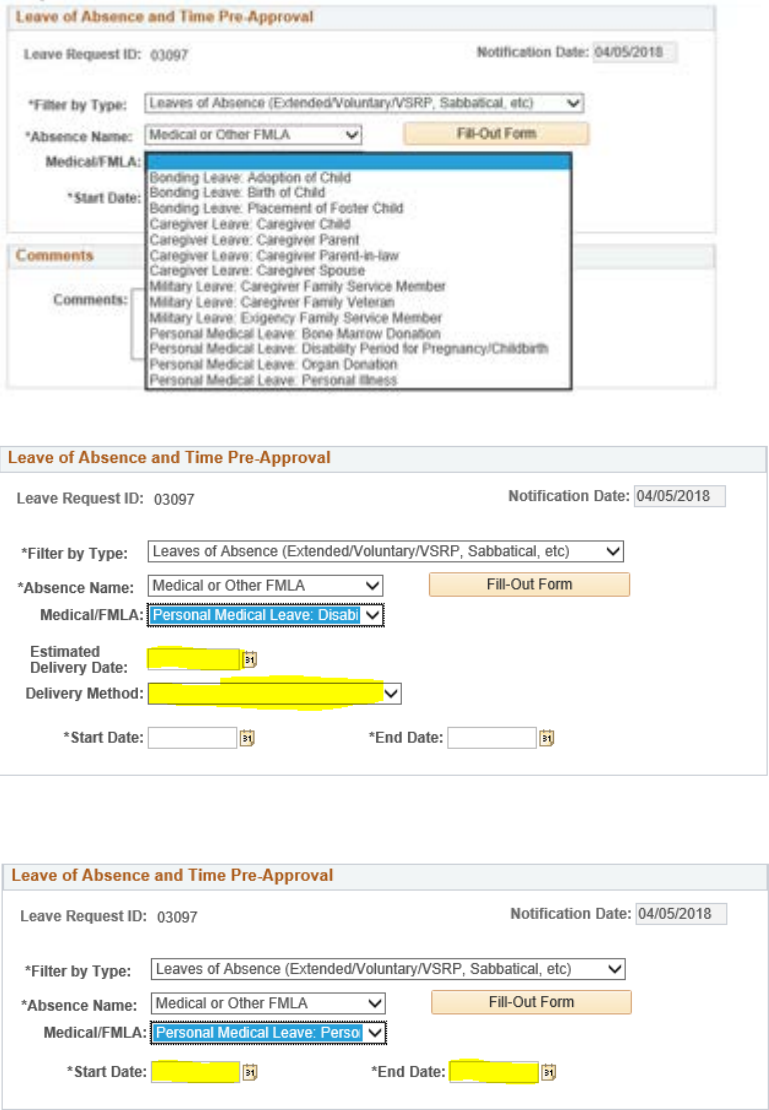

# University of Connecticut

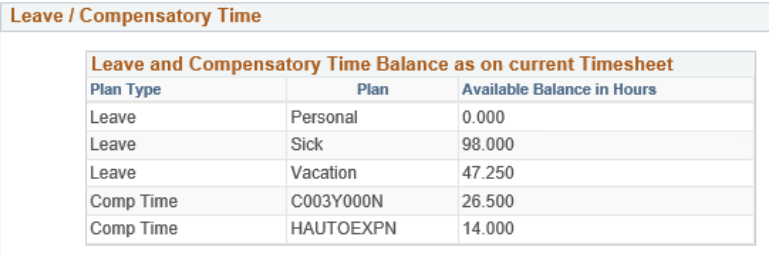
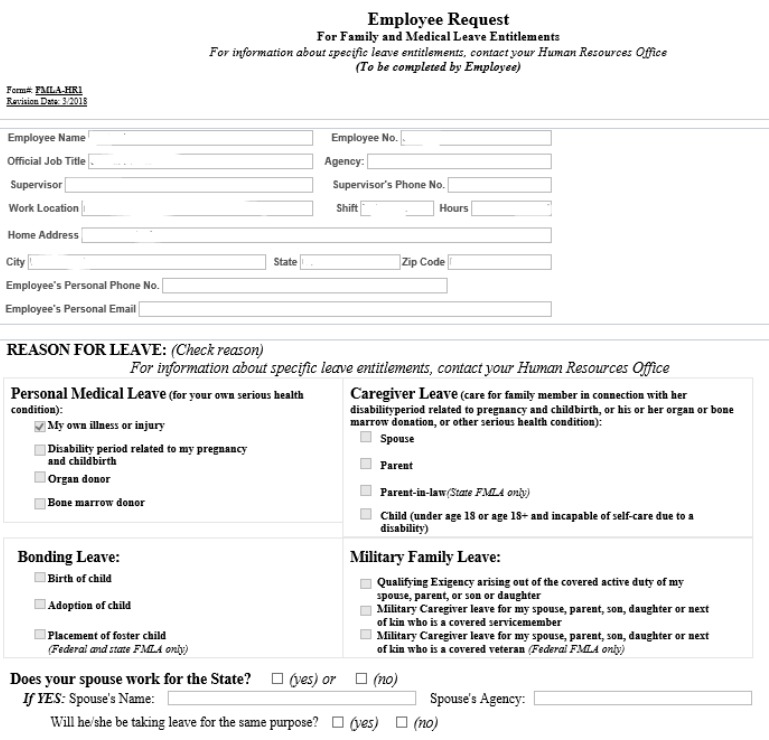
## Submitting a Leave Request: FMLA and Other Medical Leaves of Absence

**Overview** Employees will use this job aid to request a medical leave of absence for themselves or eligible family members, including pregnancy disability (maternity) and bonding leaves. Please note: Birth mothers who want to take additional time off following the period of disability (maternity) for bonding purposes must file two leave requests, 1) Personal Medical Leave: Disability Period for Pregnancy/Childbirth, and 2) Bonding Leave: Birth of Child.

### Process Steps

Step	Action	Screenshot																				
1	Navigation: <b>Main Menu &gt; Core-CT HRMS &gt; Self Service &gt; Leave Management &gt; Submit, Search, Modify Leave</b> or From your <b>Home</b> page under <b>Leave Management</b> , click <b>Submit, Search, Modify Leave</b>																					
2	On the <b>Submit, Search, Modify Leave</b> page, the active employment records associated with your name will populate.  To <b>Submit a New Leave Request</b> , choose the appropriate Empl Record/Job Code Description that you are taking leave from by clicking on the Job Code Description link associated with that record.	<table border="1"> <thead> <tr> <th colspan="5">Personalize   Find   1-2 of 2</th> </tr> <tr> <th>Empl Record</th> <th>Job Code Description</th> <th>Hourly Rate</th> <th>Department Description</th> <th>Location Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>NationalGuardsman</td> <td></td> <td>Military Department</td> <td>Conn Military Department</td> </tr> <tr> <td>2</td> <td><b>U Staff Professional 3</b></td> <td></td> <td>Veteran Military Prog and Svcs</td> <td>ARJONA BLDG-MILITARY PROG</td> </tr> </tbody> </table>	Personalize   Find   1-2 of 2					Empl Record	Job Code Description	Hourly Rate	Department Description	Location Description	1	NationalGuardsman		Military Department	Conn Military Department	2	<b>U Staff Professional 3</b>		Veteran Military Prog and Svcs	ARJONA BLDG-MILITARY PROG
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3	<p>You will be brought to the <b>Leave &amp; Time Request</b> tab in which information about your job will auto-populate.</p> <p>Under the <b>Leave of Absence and Time pre-Approval</b> section, select the following:</p> <ul style="list-style-type: none"> <li>• <b>Filter By Type:</b> Leaves of Absence (Extended/Medical/FMLA, Sabbatical, etc)</li> <li>• <b>Absence Name:</b> Medical or Other FMLA</li> <li>• <b>Medical/FMLA:</b> Select the most applicable medical/FMLA reason.</li> </ul> <p>If you select <b>Personal Medical Leave: Disability Period for Pregnancy/Childbirth</b>, you will also be prompted to enter the <b>Estimated Delivery Date</b> and <b>Delivery Method</b>.</p> <p>Enter the <b>Start Date</b>. The <b>Start Date</b> is the first date you are scheduled to work and requesting leave.</p> <p>Enter the <b>End Date</b>. The <b>End Date</b> 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 <b>End Date</b> would be the Friday before your return to work.</p>	 <p>The screenshots show the 'Leave of Absence and Time Pre-Approval' form for Leave Request ID: 03097, Notification Date: 04/05/2018. The first screenshot shows the 'Medical/FMLA' dropdown menu with options like 'Bonding Leave: Adoption of Child', 'Caregiver Leave: Caregiver Child', and 'Personal Medical Leave: Disability Period for Pregnancy/Childbirth'. The second screenshot shows the 'Estimated Delivery Date' and 'Delivery Method' fields. The third screenshot shows the 'Start Date' and 'End Date' fields.</p>
4	<p>The <b>Comments</b> section allows you to include additional information that will be visible to your supervisor and the Human Resources Leave Administrator. Please do not include personal medical information in the <b>Comments</b> section.</p>	 <p>The screenshot shows the 'Comments' section of the form, which includes a text input field for providing additional information.</p>

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5	<p>If you are a time reporter, the <b>Leave/Compensatory Time</b> section will display your balances that appear on your current Timesheet. This information will be helpful when completing the <b>FMLA-HR1 Form</b> if you will be using accruals during your leave.</p> <p>If you will be using accruals during your leave, please note the following:</p> <ul style="list-style-type: none"> <li>• Comp Time Accruals are those in which the Plan name begins with a “C”</li> <li>• Holiday Comp Accruals are identified as Comp Time, but the Plan name begins with an “H”</li> </ul> <p>Click on “Fill out Form” button or the second tab, <b>HR1 Form</b>.</p>	 <p><b>Leave / Compensatory Time</b></p> <p><b>Leave and Compensatory Time Balance as on current Timesheet</b></p> <table border="1"> <thead> <tr> <th>Plan Type</th> <th>Plan</th> <th>Available Balance in Hours</th> </tr> </thead> <tbody> <tr> <td>Leave</td> <td>Personal</td> <td>0.000</td> </tr> <tr> <td>Leave</td> <td>Sick</td> <td>98.000</td> </tr> <tr> <td>Leave</td> <td>Vacation</td> <td>47.250</td> </tr> <tr> <td>Comp Time</td> <td>C003Y000N</td> <td>26.500</td> </tr> <tr> <td>Comp Time</td> <td>HAUTOEXPN</td> <td>14.000</td> </tr> </tbody> </table>	Plan Type	Plan	Available Balance in Hours	Leave	Personal	0.000	Leave	Sick	98.000	Leave	Vacation	47.250	Comp Time	C003Y000N	26.500	Comp Time	HAUTOEXPN	14.000
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6	<p>The <b>FMLA-HR1</b> form includes information about leave entitlements under federal and state laws and the SEBAC Supplemental Leave program.</p> <p>Your supervisor will not have access to your completed form. Only the leave administration Specialist can view your completed form.</p> <p>Some of the information about you is auto-populated. Verify that the information is correct and fill in any blanks.</p>	 <p><b>Employee Request</b> For Family and Medical Leave Entitlements For information about specific leave entitlements, contact your Human Resources Office (To be completed by Employee)</p> <p>Form# <b>FMLA-HR1</b> Revision Date 3/2018</p> <p>Employee Name: _____ Employee No.: _____      Official Job Title: _____ Agency: _____      Supervisor: _____ Supervisor's Phone No.: _____      Work Location: _____ Shift: _____ Hours: _____      Home Address: _____      City: _____ State: _____ Zip Code: _____      Employee's Personal Phone No.: _____      Employee's Personal Email: _____</p> <p><b>REASON FOR LEAVE:</b> (Check reason) For information about specific leave entitlements, contact your Human Resources Office</p> <table border="1"> <tr> <td> <p><b>Personal Medical Leave</b> (for your own serious health condition):</p> <input checked="" type="checkbox"/> My own illness or injury  <input type="checkbox"/> Disability period related to my pregnancy and childbirth  <input type="checkbox"/> Organ donor  <input type="checkbox"/> Bone marrow donor </td> <td> <p><b>Caregiver Leave</b> (care for family member in connection with her disability period related to pregnancy and childbirth, or his or her organ or bone marrow donation, or other serious health condition):</p> <input type="checkbox"/> Spouse  <input type="checkbox"/> Parent  <input type="checkbox"/> Parent-in-law (State FMLA only)  <input type="checkbox"/> Child (under age 18 or age 18+ and incapable of self-care due to a disability) </td> </tr> <tr> <td> <p><b>Bonding Leave:</b></p> <input type="checkbox"/> Birth of child  <input type="checkbox"/> Adoption of child  <input type="checkbox"/> Placement of foster child (Federal and state FMLA only) </td> <td> <p><b>Military Family Leave:</b></p> <input type="checkbox"/> Qualifying Exigency arising out of the covered active duty of my spouse, parent, or son or daughter  <input type="checkbox"/> Military Caregiver leave for my spouse, parent, son, daughter or next of kin who is a covered servicemember  <input type="checkbox"/> Military Caregiver leave for my spouse, parent, son, daughter or next of kin who is a covered veteran (Federal FMLA only) </td> </tr> </table> <p>Does your spouse work for the State? <input type="checkbox"/> (yes) or <input type="checkbox"/> (no)      If YES: Spouse's Name: _____ Spouse's Agency: _____      Will he/she be taking leave for the same purpose? <input type="checkbox"/> (yes) <input type="checkbox"/> (no)</p>	<p><b>Personal Medical Leave</b> (for your own serious health condition):</p> <input checked="" type="checkbox"/> My own illness or injury <input type="checkbox"/> Disability period related to my pregnancy and childbirth <input type="checkbox"/> Organ donor <input type="checkbox"/> Bone marrow donor	<p><b>Caregiver Leave</b> (care for family member in connection with her disability period related to pregnancy and childbirth, or his or her organ or bone marrow donation, or other serious health condition):</p> <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law (State FMLA only) <input type="checkbox"/> Child (under age 18 or age 18+ and incapable of self-care due to a disability)	<p><b>Bonding Leave:</b></p> <input type="checkbox"/> Birth of child <input type="checkbox"/> Adoption of child <input type="checkbox"/> Placement of foster child (Federal and state FMLA only)	<p><b>Military Family Leave:</b></p> <input type="checkbox"/> Qualifying Exigency arising out of the covered active duty of my spouse, parent, or son or daughter <input type="checkbox"/> Military Caregiver leave for my spouse, parent, son, daughter or next of kin who is a covered servicemember <input type="checkbox"/> Military Caregiver leave for my spouse, parent, son, daughter or next of kin who is a covered veteran (Federal FMLA only)														
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7	<p><b>Type of Leave Requested</b> section</p> <p>Block Leave is auto-populated and should be unchecked if you are requesting an Intermittent or Reduced Schedule Leave.</p> <p>If your leave will be a combination of Block, Intermittent, and/or Reduced Schedule leaves, check all that apply.</p> <p>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.</p>	<p><b>TYPE OF LEAVE REQUESTED:</b> (Check all that apply)</p> <p><input checked="" type="checkbox"/> <b>Block Leave:</b> A continuous absence for a single qualifying reason. (e.g., one month)</p> <p><input type="checkbox"/> <b>Reduced Schedule Leave:</b> 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 day.</p> <p><input type="checkbox"/> <b>Intermittent Leave:</b> Leave taken in separate blocks of time due to a single qualifying reason.</p> <p><b>NOTE:</b> Intermittent leave and reduced schedule leave are not available in all situations. Availability of these types of leave depends upon the reason for leave and your eligibility for specific leave entitlements. Contact your Human Resources Department for more information.</p> <p><b>Duration of Leave:</b> (from) 04/02/2018 (to) 04/13/2018</p> <p>Please describe your leave request:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

<p>8</p>	<p><b>Use of Accruals section:</b></p> <p>If you are a non-time reporter, this section does not apply, so leave blank.</p> <p>Time reporters whose leave is for their own personal illness or the period of disability following birth who have enough sick time (including prior sick, banked sick, and gifted sick) do not need to complete this section.</p> <p>Time reporters who want to use accruals to receive pay during their leave must indicate which accruals they want used in priority order. Under each accrual column, you can designate a specific number of hours in the row that describes your leave type or you can put a check in the “Use All Available” row. For each accrual column you complete, you must designate the order you want the accruals used starting with 1 in the “Set Priority” row for the first accruals you want used, followed by a 2 in the “Set Priority” row for the second accruals you want used, and so on.</p> <p>As a reminder, your accruals as of your current timesheet are shown on the <b>Leave &amp; Time Request</b> tab.</p>	<p><b>Fill In Chart:</b> You must designate the number of days, or hours, or you may indicate "ALL available".</p> <table border="1"> <thead> <tr> <th>Use of Accruals</th> <th>Vacation Accruals</th> <th>Personal Leave</th> <th>Comp Time</th> <th>Holiday Comp Accruals</th> <th>Caregiver: Sick Leave</th> <th>Bonding: Sick Leave</th> </tr> </thead> <tbody> <tr> <td>Use All Available</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Set 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<p>9</p>	<p>At the bottom of the form, click on the attestation and then click <b>Proceed to HR3 Form</b>.</p>	<p><input type="checkbox"/> 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.</p> <p style="text-align: right;"><input type="text"/> (S)</p> <p><b>(Employee Signature)</b> _____ <b>(Date)</b> _____</p> <p><input type="checkbox"/> I am serving as an Authorized Agency Representative on behalf of the employee who is not able to submit this leave request.</p> <p style="text-align: right;"><input type="text"/> (S)</p> <p><b>(HR Leave Admin Signature)</b> _____ <b>(Date)</b> _____</p> <p style="text-align: center;"><input type="button" value="Proceed to HR3 Form"/></p> <p style="text-align: right;"><i>This form provided by the Department of Administrative Services</i></p>																																																																																																																							

<p>10</p>	<p>Read the <b>HR3</b>, Intent to Return to Work, and <b>click on the box</b> confirming your intent to return to work.</p> <p>Click on the attestation, then click <b>Proceed to Submit Page</b>.</p>	
<p>11</p>	<p>On the <b>Leave &amp; Time Action</b> tab, click <b>Submit Request</b>.</p>	
<p>12</p>	<p>Your request is sent to the Human Resources Leave Administration Specialist and an email notification is sent to your supervisor.</p> <p>The HRLA will determine your eligibility for federal and state FMLA and SEBAC Supplemental, 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.</p> <p>You or a treating physician must provide directly to the HRLAS 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 and/or state FMLA or SEBAC Supplemental Leave.</p> <p>For time reporters, the HRLAS will send a completed HR2c form, CORE CT Coding, to you and your supervisor that indicates the Time Reporting Codes that should be used on your time cards during the duration of your leave. These time codes may or may not be prepopulated on your time card, so it's important to verify your time card in accordance with the information from the HR2c. Please note that should you go unpaid during your leave, timecoding stops once the unpaid leave is entered in your job record.</p> <p>Should you need to modify or cancel your leave after it has been submitted, please refer to the job aid for Modifying/Canceling a Leave Request: FMLA.</p>	