Applying for FMLA Online

Note: Screenshots in this document include employee data for illustrative purposes only. All sensitive data has been altered to protect employee privacy.

Requesting FMLA

- Please submit your application at least 30 days prior to the start date of the requested leave or as soon as possible.

- Your request will be reviewed by your agency FMLA coordinator, and you will receive a Notice of Eligibility in the mail. This notice advises if you have worked the required 1250 hours in the 12 months preceding your requested leave. It does not serve as a notice of approval of your request.

- You may be required to submit certification form at the time of your request. To access the forms, click on the links below or go to the BSC Forms and information section on the home page.

  HR-BEN-069 FMLA Certification of Healthcare Provider - Employee
  HR-BEN-070 FMLA Certification of Healthcare Provider Family Member
  HR-BEN-071 FMLA Certification of Qualifying Exigency Military Family Leave
  HR-BEN-072 FMLA Certification for Serious Injury or Illness of Covered Service Member

  See the form for instructions on where to send it. **DO NOT SEND TO THE BSC.**

- Once your certification form and any other required documentation has been reviewed, you will receive a Designation Notice, which notifies you whether or not the leave will be designated as FMLA and will be counted towards your FMLA leave entitlement.

  Note: All requests do not require a Certification form. If you are unsure of what type of documentation is required or if you have other questions, please contact your Agency Human Resources Department or FMLA Coordinator.

  For additional information see FMLA Employee Rights and Responsibilities.

Navigation

1. To initiate an FMLA request, navigate to **My Benefits** and click **FMLA Request**.

2. This will bring up the **FMLA Request** form.

Enter the Begin & End (Return) date (required fields).

If you have taken FMLA before, the system will show the first FMLA request. Click on the (+) sign to create a new FMLA request.

3. Enter the **Leave Reason** (required field)
    1. Birth or Adoption
    2. Care of Child
    3. Care of Parent
    4. Employee Illness
    5. Military Leave Injury/Illness
    6. Military Leave Exigency

4. Enter the **Leave Type** (required field).
    1. Continuous
    2. Intermittent
    3. Reduced Schedule

5. Enter your preferred phone number and email address in the **Contact Information** box. If the Leave Reason is for **"Care of Parents"** or **"Birth or Adoption"** also enter the name of the person (required field).

6. Click the **Save Button** to submit your request.

7. After you click the Save button the system will generate the message below. Click on the OK button.

> **Message**
>
> If applicable, please submit the appropriate medical/military form (see BSC Forms and Information on the home page). (0,0)
>
> [OK]
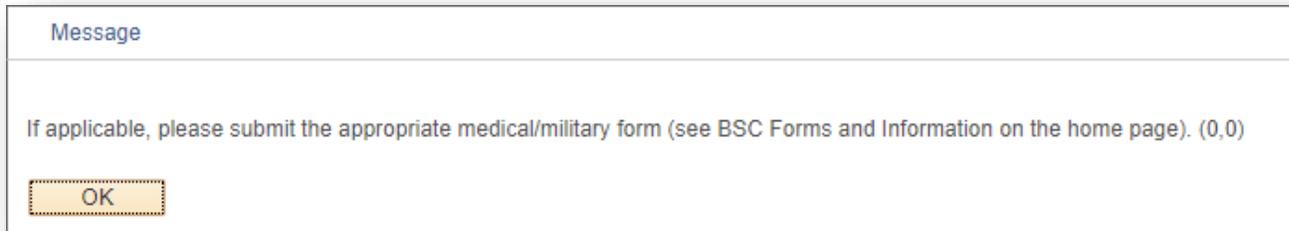
A warning message displays notifying you that your FMLA Request is finalized and pending until notified of approval or denial.

> **Message**
>
> Warning -- Clicking <OK> will finalize your request. Your application is pending until you are notified of approval or denial. Clicking <CANCEL> will allow you to go back and modify your request.!! (0,0)
>
> The PeopleCode program executed a Warning statement, which has produced this message.
>
> [OK]   [Cancel]
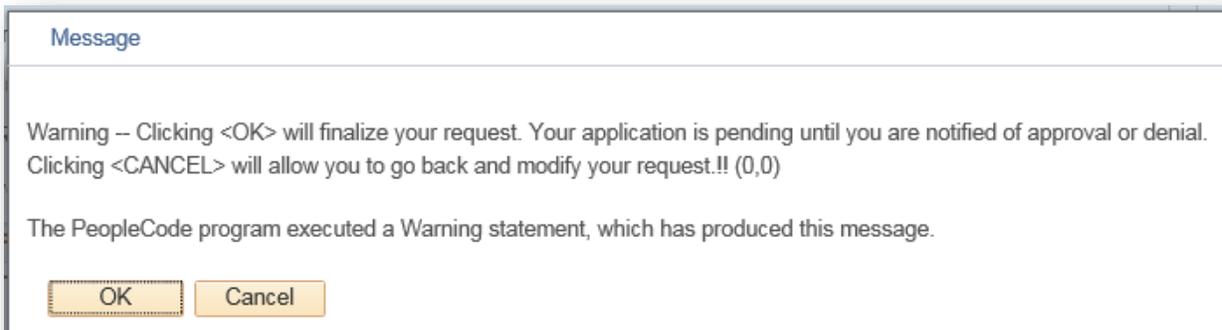
8. To check on the status of your application, click on FMLA Status in the My Benefits Ribbon on the homepage.

> **My Personal Information**
>
> **My Benefits**
>
> Benefits Summary
> Insurance Summary (Life, STD, LTD)
> Health Care Dependent Summary
> Dependent and Beneficiary Coverage Summary
> FMLA Request
> **FMLA Status**
> View ACA Form 1095-C
> ACA Form 1095-C Consent