

# 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**.

🧭 My Benefits	
Benefits Summary	C
Insurance Summary (Life, STD, LTD)	C
Health Care Dependent Summary	C
Dependent and Beneficiary Coverage Summary	
FMLA Request	
FMLA Status	6

2. This will bring up the FMLA Request form.

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

Family Medical Leave				If you have taken
kequest				EMLA before the
James Bond		Person ID 1091348 (BSCID)		T WILA DEIDIE, ITE
FMLA Leave (?)		Find   View All First	● 2 of 11 ● L	svstem will show the second
FMLA Request ID NEW			+ -	
Request *Request Date 02/04/2018	]	*Begin Date 02/05/2018		first FMLA request.
*Return Date 03/05/2018	Expected/Open	Actual/Completed		Click on the (+) sig
Time Requested		Time Requested (Units) Hours	$\checkmark$	to create a new
*Leave Reason Care of Chil	d 🔽	Birthdate 02/02/2018		FMI A request
Leave Type Continuous	$\checkmark$			T MEA TEQUEST.
Contact Information/Parent's Name/Ch	ild's Name			
E				
-				
Approval				
Approval Status Open		Reason Denied		
FMLA Status 1	initiated			
Leave Canceled On		Apprvl Dt		
Save				



#### 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
- 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).

ames Bond		1	Person ID 1091348 (BSCID)		
FMLA Leave	(?)		Find   View All	First 🕚 2 of 11	Last
	FMLA Request ID NEW				+ -
Request					
	*Request Date 02/04/2018		*Begin Date 02/05/2018	<b>B1</b>	
	*Return Date 03/05/2018 🛐	Expected/Open	Actual/Completed		
	Time Requested		Time Requested (Units) Hours		$\checkmark$
	Leave Reason Care of Child	$\checkmark$	Birthdate 02/02/2018	81	
	Leave Type Continuous	~			
Contact Info	ormation/Parent's Name/Child's I	lame			
212-123-123	4 <u>SJBond@mtahq.org</u> Joe Bond				
Approval					
	Approval Status Open		Reason Denied		
	FMLA Status 1 Initiate	d			
L	eave Canceled On		ApprvI Dt		
L	eave Canceled On		ApprvI Dt		

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)	l
OK	I.
	ell.

A warning message displays notifying you that your FMLA Request is finalized and pending until notified of approval or denial.

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.</cancel></ok>	Message
The PeopleCode program executed a Warning statement, which has produced this 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)</cancel></ok>
	The PeopleCode program executed a Warning statement, which has produced this message.
OK Cancel	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	
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FMLA Status	()
View ACA Form 1095 C	
ACA Form 1095-C Consent	