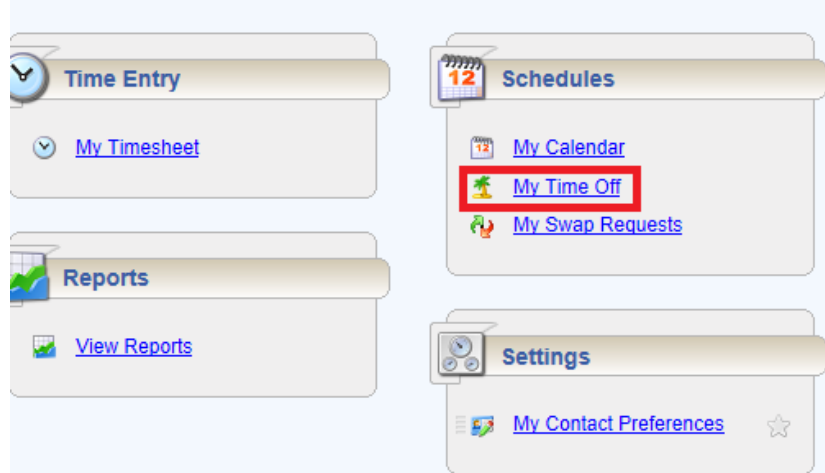
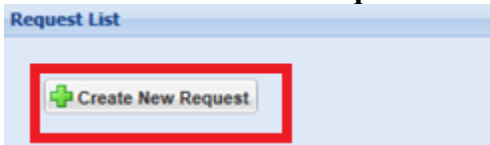


**Job Aid 11: How to Start the FMLA Process and Update FMLA Questions**

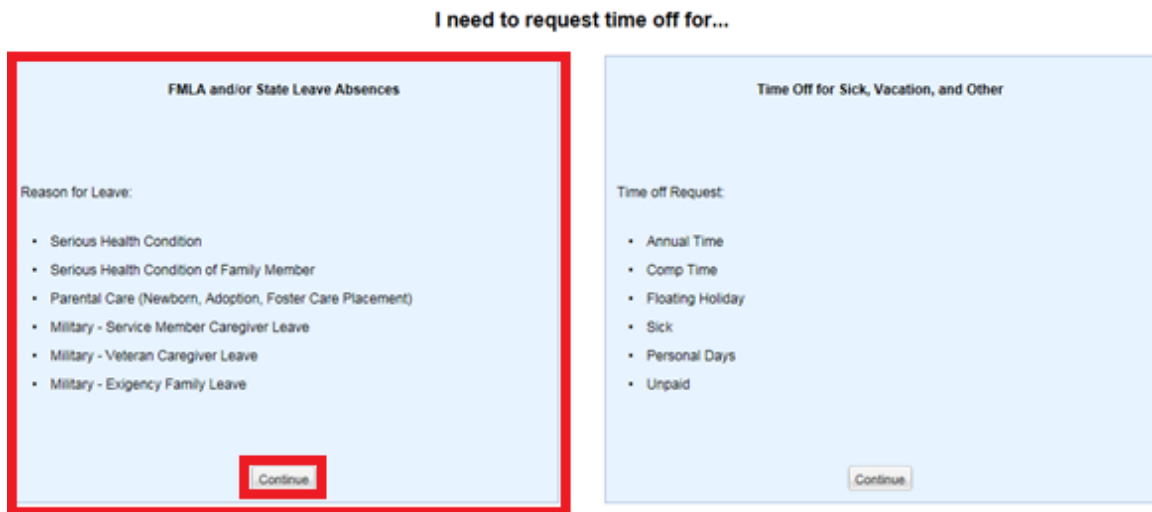
1. If you need to take leave from work for a FMLA qualifying reason you can request paperwork through eSTAR. The information is kept confidential and secure. Only the **ACT Case Manager Group** can access this FMLA information. From your employee dashboard select **Schedules** → **My Time Off**.



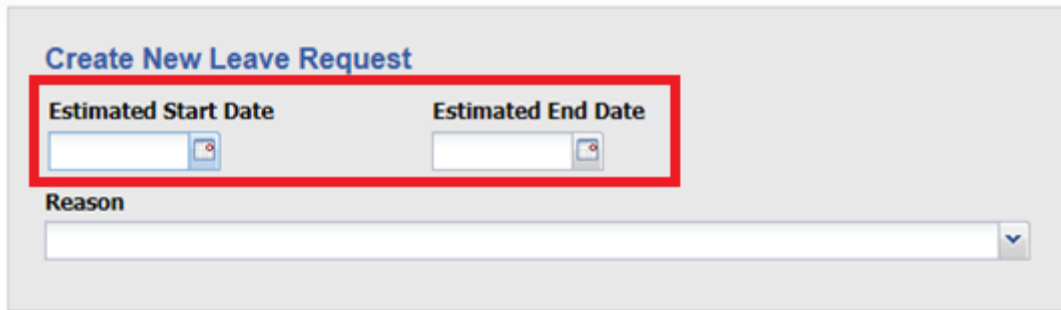
2. The **Request List** window appears. Select **Create New Request**.



The **Create Time Off Request** window appears. Choose FMLA box on the left hand side. Click “**Continue**” at the bottom for FMLA.



3. Under the **Create New Leave Request** section, select the **Estimated Start Date** and **Estimated End Date** for your FMLA; both fields must be completed.



The screenshot shows a web form titled "Create New Leave Request". It contains three main input fields: "Estimated Start Date", "Estimated End Date", and "Reason". The "Estimated Start Date" and "Estimated End Date" fields are highlighted with a red rectangular border. Each of these date fields includes a small calendar icon to its right. The "Reason" field is a dropdown menu with a downward-pointing arrow on its right side.

4. Select only one of the statements that provide the **Reason** you are requesting FMLA.

**Create New Leave Request**

Estimated Start Date  Estimated End Date

**Reason**

- I'm pregnant or need time off to deliver my baby
- I'm donating bone marrow or an organ
- I have another health condition (not pregnancy-related)
- I need time to bond with a new child
- I need time to complete an adoption or foster child placement
- I need time off because of someone else's health condition
- I have a family member who is serving in or being deployed by the military
- I need time off because I am an American Red Cross member and will be responding to a disaster
- I need leave for some other reason

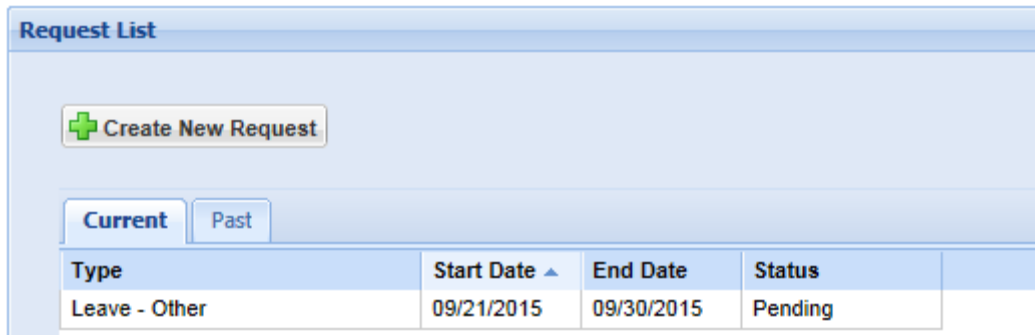
5. Once you select your date range and reason at the bottom of the page select **Continue to additional questions**.



The system will prompt you to answer specific questions based on the reason you selected. You may be asked to provide details such as: Expected Due Date, child's birth date, name of the person you need to provide care, and treating physician's name and contact information. Your answers to specific questions are necessary in order for the system to evaluate your FMLA eligibility. It is advisable to have prepared answers to specific details requested so that your FMLA request can be evaluated. Once you certify that all the answers to the questions are correct select **Submit Request**.



6. Your case will then be listed as pending. The **ACT Case Manager Group** will be notified of your case and review it accordingly.

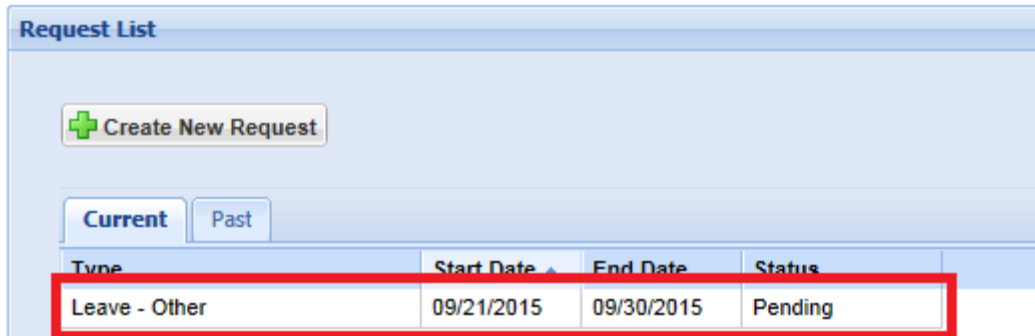


7. An **ACT Case Manager** assigned to your case will review your eligibility for FMLA and send you FMLA related documents.

8. If your FMLA is approved and designated as a continuous absence, your FMLA bank will be decremented and your available paid leave bank will be decremented accordingly. Your available paid leave will flow directly to your timesheet and will flow to the results tab for the time period your FMLA is approved. If your FMLA is approved and designated as an intermittent absence, you must submit a **Time Off Request**. Please follow the **Intermittent FMLA Job Aid**.

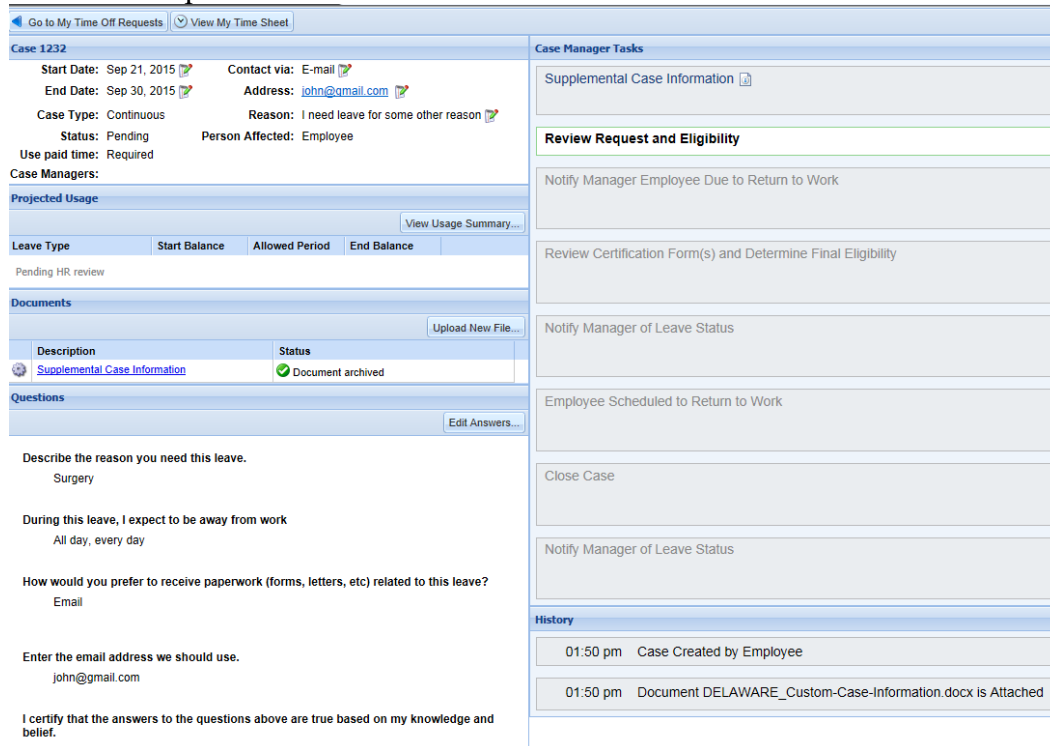
9. **Updating FMLA Questions**

Once you have requested FMLA you can log back into the system and edit your answers to FMLA questions while your case remains pending. *\*You can only edit your answers on a pending case.* If you need to change your answers, go to the **Request List** and double click your pending FMLA case.



Type	Start Date	End Date	Status
Leave - Other	09/21/2015	09/30/2015	Pending

10. **Your absence case will open.**



**Case 1232**

Start Date: Sep 21, 2015    Contact via: E-mail  
 End Date: Sep 30, 2015    Address: john@gmail.com  
 Case Type: Continuous    Reason: I need leave for some other reason  
 Status: Pending    Person Affected: Employee  
 Use paid time: Required

**Case Manager Tasks**

- Supplemental Case Information
- Review Request and Eligibility**
  - Notify Manager Employee Due to Return to Work
  - Review Certification Form(s) and Determine Final Eligibility
  - Notify Manager of Leave Status
  - Employee Scheduled to Return to Work
  - Close Case
  - Notify Manager of Leave Status
- History
  - 01:50 pm Case Created by Employee
  - 01:50 pm Document DELAWARE\_Custom-Case-Information.docx is Attached

**Projected Usage**

Leave Type	Start Balance	Allowed Period	End Balance
Pending HR review			

**Documents**

Description	Status
Supplemental Case Information	Document archived

**Questions**

Describe the reason you need this leave.  
Surgery

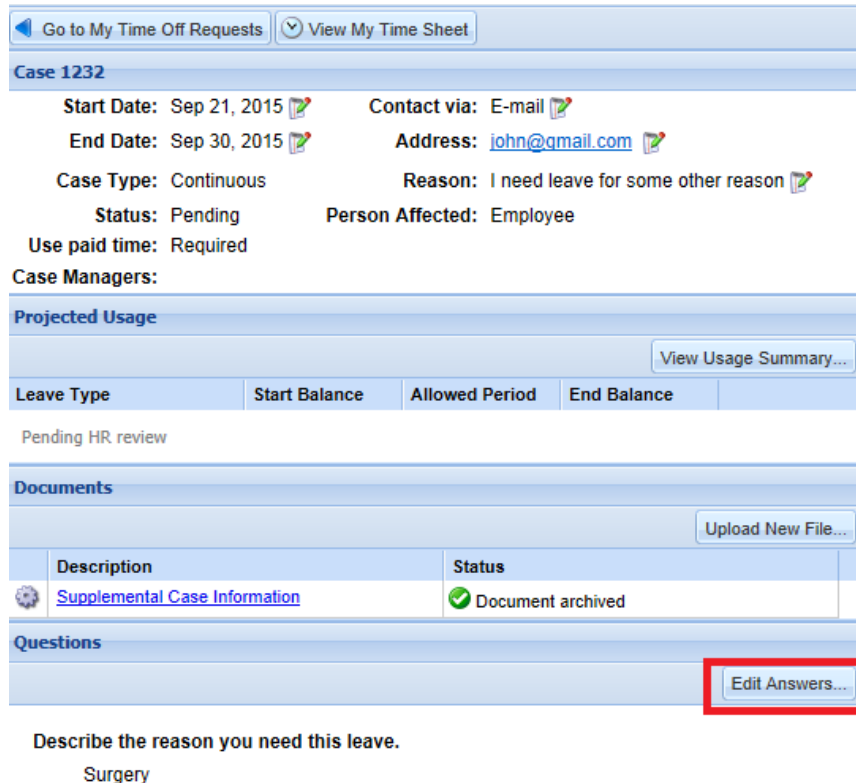
During this leave, I expect to be away from work  
All day, every day

How would you prefer to receive paperwork (forms, letters, etc) related to this leave?  
Email

Enter the email address we should use.  
john@gmail.com

I certify that the answers to the questions above are true based on my knowledge and belief.

11. Under **Questions** select **Edit Answers**.



Go to My Time Off Requests | View My Time Sheet

**Case 1232**

Start Date: Sep 21, 2015 | Contact via: E-mail  
 End Date: Sep 30, 2015 | Address: john@gmail.com  
 Case Type: Continuous | Reason: I need leave for some other reason  
 Status: Pending | Person Affected: Employee  
 Use paid time: Required

Case Managers:

**Projected Usage**

View Usage Summary...

Leave Type	Start Balance	Allowed Period	End Balance
Pending HR review			

**Documents**

Upload New File...

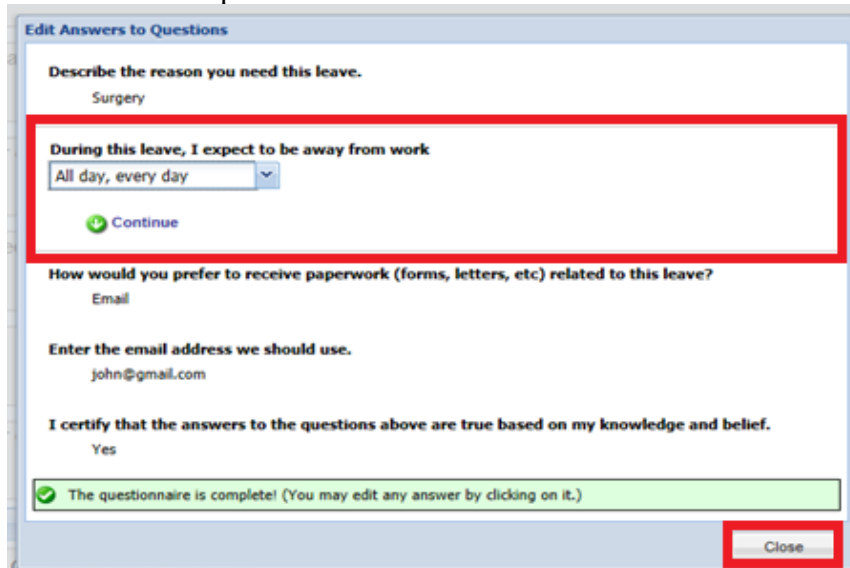
Description	Status
<a href="#">Supplemental Case Information</a>	✓ Document archived

**Questions**

Edit Answers...

Describe the reason you need this leave.  
Surgery

12. A box will open on your screen. You can edit your answers by clicking on any question you would like to change. Depending on your answer, new questions could be generated. Once you edit your answers to the questions click **Close**. Your edits have been saved.



**Edit Answers to Questions**

Describe the reason you need this leave.  
Surgery

During this leave, I expect to be away from work  
All day, every day

Continue

How would you prefer to receive paperwork (forms, letters, etc) related to this leave?  
Email

Enter the email address we should use.  
john@gmail.com

I certify that the answers to the questions above are true based on my knowledge and belief.  
Yes

✓ The questionnaire is complete! (You may edit any answer by clicking on it.)

Close

13. Your case manager will be able to see any changes you made to your pending FMLA case.