FMLA Request Process

Quick Reference Guide

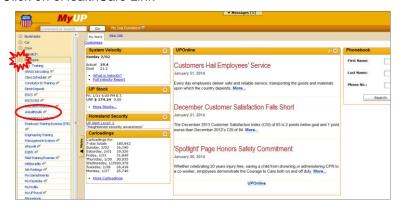


HR Health and Medical Services

Accessing eHealthSafe:

From the MY UP Page:

- 1. Select Employee Drop Down
- 2. Click on eHealthSafe Link



- 3. Click on the eHealthSafe link
- 4. Select Request a Service

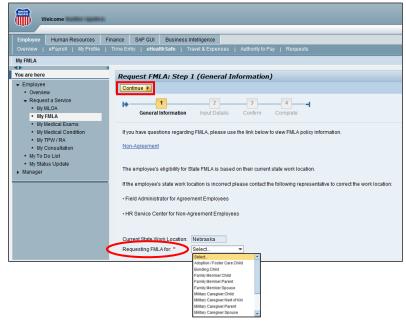
5.



Input General Information:

Based upon your Work State and the Reason for your Leave the system will verify your eligibility to determine if you meet the eligibility requirements to qualify for Federal or State Family Leave.

- Select the Reason for your FMLA
- Select < Continue>



Input Details:

- 1. Select FMLA type:
 - Intermittent Leave periodic absences that occur sporadically throughout the year
 - **Block Leave** a single one time absence that generally lasts 3 days or more.

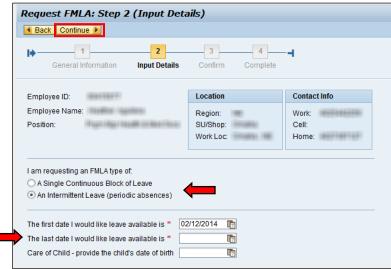
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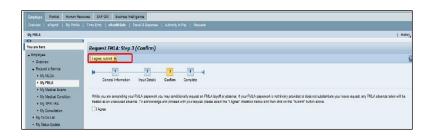
HR Health and Medical Services

- 2. Input the dates you need leave to be available
 - The start date and end date are required fields for all leaves except bonding leave if you do not know the dates of your bonding leave you may leave those dates blank.
 - The start date must be on or after the present date and may not be greater the 30 days beyond the present date
 - The end date cannot be greater than 365 days after the start date.
- 3. Enter any other Required Fields such as:
 - Your Child's Date of Birth
 - The Estimated Delivery Date of your baby
- 4. Select **< Continue >**



Confirm Your Request:

- 1. Review the confirmation screen and read the statement
- 2. Select the I agree box
- 3. Click < l agree, submit>
- 4. FMLA service request has been officially created in eHealthsafe

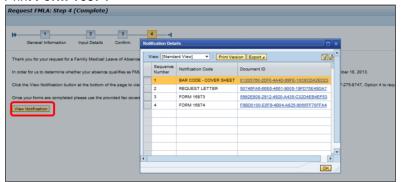


Complete Your Request:

Complete your Request by printing your FMLA forms to certify your request for leave

NOTE: When employee initiates the request via the employee portal eHealthsafe documents and forms are **not** mailed to the employee's home.

- 1. Review the confirmation screen and read the statement
- 2. Select < View Notification>
- 3. Print Barcode Cover Sheet
- 4. Print Form 16874



- 5. Give both items to healthcare provider
- 6. Healthcare provider to fax Barcode Cover Sheet and Form 16874 as directed in the Request Letter.