# Applying for FML with FMLASource®

You can apply for FML with FMLASource® via the FMLASource website, or by calling FMLASource directly at

**1-844-837-9301**, 7:30 a.m. – 9:00 p.m., every day.

To apply for FML through FMLASource® online, go to https://www.fmlasource.com.
Select the link titled "**Register**."



## Registration: Step 1

Enter your employee ID and zip Code (Work or home).

## Registration: Step 2

After entering your employee ID and zip code, you will be asked to confirm your identity.
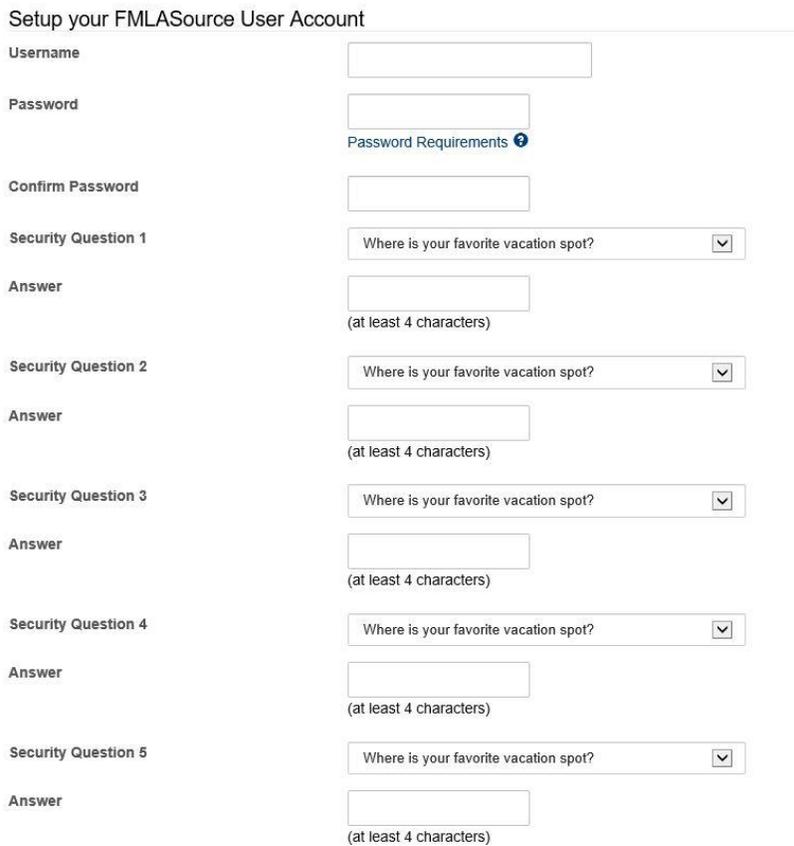
Next    Registration - Step 2 of 3

Setup your FMLASource User Account

Are you Cindy Fmla?

Yes    No

## Registration: Step 3

You will now be asked to create a personal Username and Password. You will be required to answer five security questions of your choice.

Setup your FMLASource User Account

| | |
|---|---|
| Username | |
| Password | |
| | Password Requirements ❓ |
| Confirm Password | |
| Security Question 1 | Where is your favorite vacation spot? ⌄ |
| Answer | |
| | (at least 4 characters) |
| Security Question 2 | Where is your favorite vacation spot? ⌄ |
| Answer | |
| | (at least 4 characters) |
| Security Question 3 | Where is your favorite vacation spot? ⌄ |
| Answer | |
| | (at least 4 characters) |
| Security Question 4 | Where is your favorite vacation spot? ⌄ |
| Answer | |
| | (at least 4 characters) |
| Security Question 5 | Where is your favorite vacation spot? ⌄ |
| Answer | |
| | (at least 4 characters) |

Next, provide the best contact information where FMLASource can reach you.

## How should we contact you?

| | |
|---|---|
| **Send My Correspondence By** | E-mail Only ▼ ❓ |
| **Auto-Notification Method** | Please Select ▼ ❓ |
| **Personal E-mail Address** | |
| **Mobile Phone Number** (Required for text notifications) | (###) ###-#### ☐ Allow text notifications from FMLASource |

## Accept Terms of Use

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☐ Accept

[ Submit ]

## Submitting a New FML Request

After logging into your FMLASource® account, select the link titled "**Add New Leave Request**" on your dashboard.

## I want to:

**My Absence Information**
View My Leave Requests
Add New Leave Request ⬅

**Actions**
Work on Behalf of

**Reports**
Generate Reports

## New Request: Step 1

Review Personal Information. Update mailing address and/or phone number if needed. If "Employee Schedule" information appears correct, select "**Continue**." If it is not correct, contact FMLASource® directly at **1-844-837-9301.**

### Step 1 - Personal Information

**Form Submitted By:**
John Smith

**Date:**
12/11/2015

**Employee Name:**
John Smith

**Employee Number:**
112414

**Mailing Address:**
500 W. Barry
Chicago, IL 60657
United States

**Primary Phone Number:**
Home - (555) 555-5555

Change Phone

Update Address

**Please Note:** Updates to the mailing address and phone number are for FMLASource purposes only and will not be sent to your employer. Please contact your HR department to update the address or phone number they have on file for you as it may be different.

**Employee Schedule:**

Scheduled Hours per Week:                40

Scheduled Number of Days per Week:       5

If the schedule information shown here is incorrect, please contact us.

Note: If you are also applying for disability benefits, you may need to provide additional information and paperwork.

Continue

## New Request: Step 2

Designate a reason for the leave you are requesting. Select the appropriate reason to continue to next step.

### Step 2 - Reason for Leave

Please select the reason for the leave you are requesting

Personal Medical Condition

Birth Mother - Pregnancy & Bonding

Non-Birth Parent - Bonding/Adoption/Foster Care

Family

Qualifying Exigency

Care for an Ill or injured Service Member

Bereavement Leave

Military Leave

Jury Duty

Domestic Violence

Civic Engagement Leave

Organ / Bone Marrow Donation

Go Back

After selecting the appropriate reason for leave, you will continue on to provide information about you or your family member's medical condition. Choose a leave condition from the drop down box. If you choose "Other" please provide a brief description of the condition that you are requesting leave for, see below for example. Lastly, indicate whether or not this condition is worker's compensation related.



Next, you will complete the section entitled "*Health Care Provider (HCP) Contact information*". FMLASource® will use this information to fax your paperwork directly to your Health Care Provider.

## Step 3: Duration of Leave

In this step you will need to enter the beginning and end date of your leave, as well as select which type of FML it will be (Continuous, Reduced, or Intermittent). Then, confirm your desired form of correspondence with FMLASource.

**Date Range:**

Begin Date: 12/01/2015

End Date: 11/30/2016

**Please select the type of leave you are requesting:**

○ Continuous ❓
Anticipated Last Date Worked: [          ]

○ Reduced ❓
Requested reduced work schedule (hours/day): [ 0 ]

◉ Intermittent ❓

**Please specify correspondence method:**

Send My Correspondence By: [ E-mail Only ▼ ]

Personal E-mail Address: jsmith@email.com

Personal E-mail Address (confirm): jsmith@email.com

[Go Back] [Submit]

After you select "**Submit**", your FML request will be submitted to FMLASource. You should receive a response from FMLASource in writing within 48 hours of submitting your request. If you are eligible for FMLA, you will receive a Leave Request Packet and Medical Certification via email within 48 hours. If you chose the postal option, it may take several days to receive your Leave Packet and Medical Certification. If you have an appointment with your health care provider within the next 24 hours, you may go ahead and select the link titled "**Medical Certification**" to print or email a copy of the certification to give to your health care provider during that visit.

### FMLASource® Initial Leave Request Form Submission

**Thank you, John Smith for submitting your FMLA leave request. We try to respond in writing to all leave requests within 48 hours.**

Your FMLA leave request reference number is **1295586**. Print and save this page for future reference.

If you have any questions, contact us via E-mail: FMLACenter@fmlasource.com

Use the FMLA leave request reference number above when you call or write.

**Your request has been submitted to FMLASource and if eligible, you will receive a Leave Request packet and medical certification via email within 48 hours. If you chose the postal option, it will take several days to receive your letter and medical certification. If you have an appointment with your health care provider within the next 24 hours, click the following link to print a medical certification. Please be sure to include your name and leave request number on the form.**
Medical Certifications ⬅

**If you do not receive your letter and medical certification within 7-10 days, contact FMLASource immediately.**

**FMLASOURCE**

NBC Tower - 13th Floor
455 N. Cityfront Plaza Drive
Chicago, IL 60611-5322
E-mail: FMLACenter@fmlasource.com

Phone: 877-GO2-FMLA

Click here to view your FMLA Contacts

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# Viewing your FML Requests

To view previously submitted leave requests, select the link titled "**View My Leave Requests**" on your dashboard.



All of your previously submitted leave requests will be displayed. The very right column in the table, titled "**Status/Reason**", will indicate the status of your leave at that time. To view a specific leave request in more detail, select the corresponding **ID #**. From this screen, you can also view your time, report time used, and add a new FML request.

## FMLASource for Managers

Managers have the ability to view their employees Leave Request(s). The Manager will select the link titled "**Work on Behalf of**", then enter the employee's last name, first name, and/or Employee Number. Managers will only be able to view employees who report directly to them.



After selecting the employee, managers will be able to view the employee's leave usage from the previous twelve months, view letters previously sent to the employee, and view the employee's leave dates and current status of leave.



If an orange icon is present in the "Id #" column that means that action is required for that particular leave. Hover over the icon to view the detailed message or click into the request to view more information.

| Id # | Requested Date Range | Type - Reason | Taken For | Status/Reason |
|------|---------------------|---------------|-----------|---------------|
| 1089535 | 07/01/15 - 07/24/15 | Employee's Serious Health Condition - Leave | Self / Employee | Closed |