



Medical Leave and FMLA Request Application Quick Guide



Employees who need to request FMLA or other leaves of absence can submit the request online through the Medical Leave and FMLA Request Application.

HOW TO SUBMIT AN FMLA REQUEST

1. Log in to the Medical Leave and FMLA Request Application at <https://fmla.wi.gov> with your **IAM username** and **password** (this is the same log in and password that you use for the STAR Human Resources System). Click **Sign In**.

FMLA
If you are an employee of DOT, DFI, DSPS, PSC, HEAB or DOA – do not use this application to request FMLA. You will continue to use the [Region 1 FMLA application](#) for now.

User ID

Password

2. You will be brought to the following page. Click on the **Medical Leave & FMLA Request** link to start the request process. There are also several links on the page for FMLA-related resources.



Medical Leave & FMLA Request
Click on the above link to begin your leave request.

Please contact your local HR office or Medical Leave Coordinator if you have questions.

Prior to starting your request, you may want to review the following information about Medical Leave & FMLA:

- FMLA Toolkit (DOA – Division of Personnel Management)
- Federal FMLA Fact Sheet #29A, Employee Protections under the Family and Medical Leave Act
- Federal Family and Medical Leave Act Overview
- Federal Family and Medical Leave Act Employee Guide
- Federal FMLA Frequently Asked Questions
- Wisconsin Family & Medical Leave Act
- Wisconsin Family & Medical Leave Act Frequently Asked Questions
- Wisconsin Human Resources Handbook Chapter 724, Family and Medical Leave
- Leave of Absence Without Pay Administrative Code

3. You will be brought to the My FMLA Requests page. Click on the **New Request** button to start the request. A history of your FMLA requests within the system will also be displayed in the chart.

Note: Click New Request to begin the FMLA request process. If entering an FMLA request on behalf of someone else, enter the Employee ID and click on New Request. Your session will time out due to inactivity longer than 15 minutes.

My FMLA Requests

Submission Date	Employee Name	Begin Date	End Date	Status	Reviewer
Click New Request to start a new request.					

4. You will first review the Employee Information page. This information is populated from the STAR Human Resources System. Review/update your email, phone number and address during leave on this page.

Any changes that you may will not reflect in the STAR Human Resources System.

Employee Information

Employee Name <input type="text" value="John Doe"/>	Employee ID <input type="text" value="12345678"/>	
Agency Name Administration	Department Benefits Admin & HRIS Mgmt	
Position Title PAYROLL BEN SYSTMS COOR-SEN	Empl Record 0	
Supervisor Name <input type="text" value="John Doe"/>	Work Phone 608-261-1111	
Work Email <input type="text" value="john.doe@wisconsin.gov"/>	FTE 1	
Empl Class PRM		
Email Address During Leave <input type="text" value="Enter email during leave"/>	Phone Number During Leave <input type="text" value="Enter phone # during leave"/>	Extn.: <input type="text"/>
Home Address During leave <input type="text" value="Enter home address during leave"/>		

If you have more than one job, you will also see that information listed on this page.

5. Click the **Next** button on the bottom of the page to continue. Click the **Save** button on the top of the page if you want to save your information at this point.
6. Check the box next to the **Reason for Leave**. Once you select a reason, additional fields may open on the page. Enter the applicable information in those fields.

Reason for Leave
(You should only select one option for Reason of Leave. If you have multiple, qualifying conditions for FMLA leave, please submit a separate request for each one.)

Birth, Adoption, or Foster Care Placement.

Employee's own serious health condition.

To care for a family member with a serious health condition.

Name of family member: Relationship to family member:

To care for a covered military service member with a serious injury or illness.

For a qualifying exigency due to military deployment to a foreign country of the employee's spouse, son or daughter, or parent in the regular or reserved armed forces.

7. You must enter a **Leave Request Explanation**. Once entered, click **Next** at the bottom of the page to continue.

Leave Request Explanation

Confidential medical diagnosis **MUST NOT** be entered on this form.

Examples: 1) If you have a serious health condition, include an explanation of what essential job duties you are not able to perform because of this condition; or 2) If you are caring for a family member with a serious health condition, include an explanation of what activities of daily living he/she is not able to perform and the type of care you will be providing.

Enter Text Below

Note: You must enter an explanation above. The maximum number of characters is 500.



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- Enter your anticipated Dates of Leave. Check the box next to a Block of Leave and/or Intermittent leave or reduced schedule. Click on the **calendar icon** to select the leave dates. If you are taking intermittent leave or will have a reduced schedule, enter your anticipated schedule.

- Check the boxes next to any leave types that you plan to use during your FMLA leave. Your leave balances display on the page for reference purposes. You must still enter any leave used during FMLA in the STAR Human Resources System. Click **Review and Submit** to start the submission process.

- Review your request for accuracy. If everything is correct, scroll to the bottom of the page and enter your name in the **Name of Person Submitting Request** and click **Submit Request**.

Note: If you need to make an update to your request before submitting, click **Update** to make the change and then submit the request.

- Once you submit your request, you will see the following success message at the top of the page and the Status will change to **New Request**.

If you do not see this message, your request has not been fully submitted and will not be sent to the Medical Coordinators for processing. You can return to this request at any time to **Update** and/or **Submit Request**.

HOW TO VIEW AND UPLOAD FILES

- You can upload and view documentation attached to your request at any time.
- Click on your request from the My FMLA Requests page.

Submission Date	Employee Name	Begin Date	End Date	Status	Reviewer
01-14-2021	Wanda, Joseph J.	01-18-2021	02-26-2021	New Request	
12-14-2020	Wanda, Joseph J.	12-13-2020	01-09-2021	Under Review	Charm, Shante

- You will see the documents section at the top of your request. If you or the Medical Coordinator has attached any documents, they will appear on the page. Click on the **File Name** to open the document.

Title	File Name	Date Added
Other		07-26-2021
Family Member Certification from Health Care Provider		07-26-2021
Eligibility Notice	EligibilityNotice_20210726160340741.pdf	07-26-2021

- To upload a document, select the **Attachment Type** from the dropdown list and click **Select File**. Once you select the file, click the **Upload Document** button to load your document to your request.



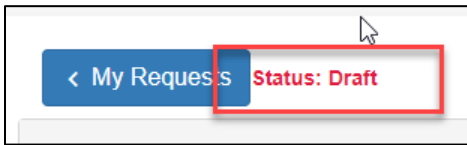
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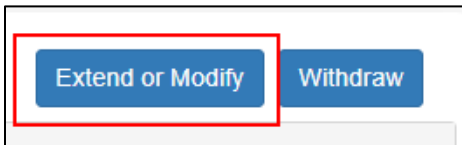
- The document you uploaded will then appear in the document section and will be visible to the Medical Coordinator.

HOW TO CHANGE YOUR REQUEST

- If your request is in Draft or New Request Status (status is located on the top of the request page), click the **Update** button on the bottom of the request page to make updates to your request.

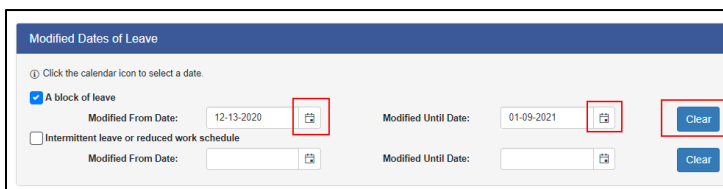


- Once your request has been assigned to a Medical Coordinator, you will need to click the **Extend or Modify** button in the upper right corner of your request to make updates.



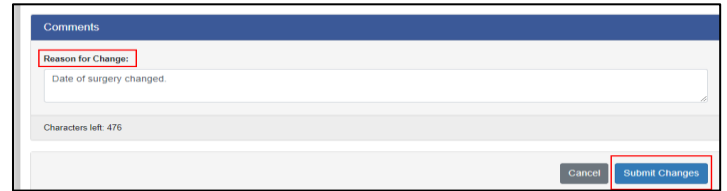
Note: On the My FMLA Requests page, if there is a name listed under Reviewer, your request has been assigned to a Medical Coordinator.

- You can update the dates of your leave in the **Modified Dates of Leave** section. Select the **Clear** button to clear out your current leave dates and then enter the new dates.



Note: You cannot change your Reason for Leave. If this is incorrect, contact your Medical Leave Coordinator who can make this update on your behalf.

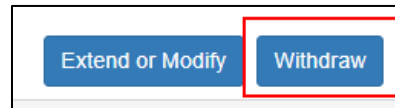
- You can also update any information regarding your leave usage.
- In the Comments section, enter the Reason for Change. Click **Submit Changes** to submit your updated request.



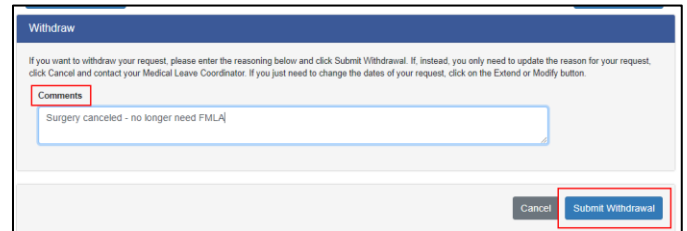
- Your assigned Medical Coordinator will automatically be notified of your change request

WITHDRAWING YOUR REQUEST

- Access your request from the My FMLA Requests page
- Click on the Withdraw button in the upper right corner of your request.



- Enter why you are withdrawing your request in the **Comments** box. Click **Submit Withdrawal**.



- Your Medical Coordinator will automatically be notified that you withdrew your request.

SYSTEM NOTIFICATION

- You may receive a system generated email at any of the following situations:
 - Draft – Reminder every Friday your request has not been submitted.
 - Under Review – When a Medical Coordinator Accepts your request.
 - Awaiting Documentation – Additional documentation is needed to process your request.
 - Approved – Your request is approved.
 - Approved Agency Designation – Reserved for situation in which an employee was unable to submit a request or failed to submit a request.
 - Denied – Your leave may be denied for various reasons.
 - Closed – When your request has ended, and no further information is needed.



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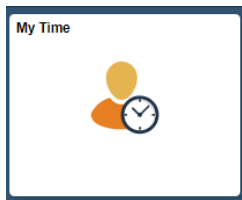


- Your supervisor is also notified when a request is submitted and is cc'd in many of the above scenarios.

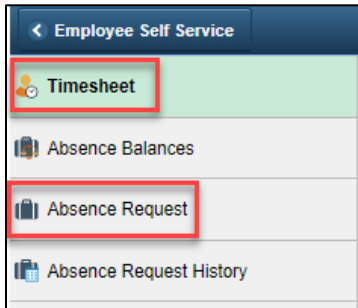
ENTERING FMLA IN STAR HUMAN RESOURCES SYSTEM

See the [Absence Management Employee Self Service Job Aid](#) for step-by-step instructions for entering an absence.

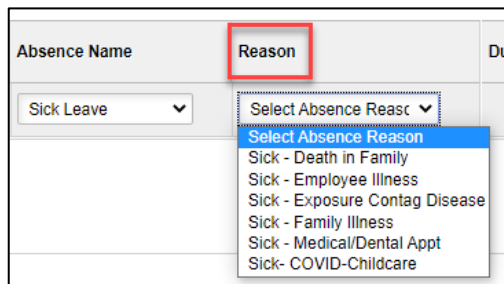
- Log into STAR Human Resources (<http://ess.wi.gov>) and navigate to your timesheet or select *Absence Request* under the My Time tile.



- Click on the *Absence* tab under the timesheet and click *Add Absence Event*. If entering a future absence, you will follow these steps under the *Absence Request* page.



- Add the type of leave you wish to use and duration.
- Choose the correct *reason* for the leave:
 - If logging sick leave, choose the corresponding reason:



- If logging leave other than sick, choose *Leave in Lieu of Sick Leave*.
- Be sure to Forecast and Submit. Leave must be in **Approved** status before attempting to enter the FMLA absence.

Reason	Duration	Unit Type	Details	Status
Sick - Employee Illness	12.00	Hours	Details	Approved

- Click *Add Absence Event* again to add the absence event of *Family Leave Act*.

*Start Date	End Date	Absence Name	Reason
01/14/2021	01/15/2021	Sick Leave	Sick - Employee Illness
01/14/2021	01/15/2021	Family Leave Act	Select Absence Reason

- Choose the correct *reason* for the absence, either *Family Member* or *Self*.
- Match the dates and duration of the leave entered.
 - Forecast and Submit the FMLA Absence

	Thu 1/14	Fri 1/15	Sat 1/16	Total	Time Reporting Code
	4.00			28.00	01 REGLR - Regular Hours Worked
	4.00	8.00		12.00	SICK - Paid Sick Leave
	4.00	8.00		12.00	FMLA - Family Leave of Absence

ABSENCE MANAGEMENT REMINDERS

- Absence Management runs every two weeks during payroll processing. Your FMLA balance will update once every two weeks when payroll processes.
- You may not see an FMLA balance the first payroll cycle that your leave is approved. You are still able to enter your FMLA entry.
- Leave without Pay (LWOP)** should be entered as the absence in any of the following circumstances:
 - You do not wish to use any of your accrued leave balances, or
 - You do not have enough leave to cover your entire absence, or
 - You are an LTE eligible for FMLA and are not entitled to leave balances but must still record FMLA on your timesheet.
 - Use of LWOP will affect leave balances and accruals, as well as reduce or remove eligibility for legal holiday in certain circumstances.



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RESOURCES

- [FMLA Toolkit](#)
- [PeopleSoft Absence Management Job Aid](#)
- [Certification of Health Care Provider for Employee's Serious Health Condition](#)
- [Certification of Health Care Provider for Family Member's Serious Health Condition](#)
- [Fitness for Duty Certification – Return to Work Release](#)
- [Certification of Qualifying Exigency for Military Family Leave](#)
- [Certification for Serious Injury or Illness for Current Service Member](#)
- [Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave](#)
- [Department of Labor FMLA Poster](#)
- [Department of Labor FMLA FAQs](#)