



# Enterprise FMLA & Medical Leave System Quick Guide



Employees who need to request a medical leave of absence should submit the request online through the Enterprise FMLA & Medical Leave System.

## HOW TO SUBMIT AN FMLA REQUEST

1. Log in to the FMLA & Medical Leave System 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 HCM - PeopleSoft). 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. 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 R23A: 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 **New Request** to begin. A history of your FMLA requests within the system will also be displayed.

**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 HCM System (PeopleSoft). Review/update your email, phone number and address during leave on this page (within the request only; any changes made will not transfer to the STAR HCM System. **Please include a personal email address in the event you need to be contacted while out on leave.**

**Employee Information**

Employee Name	Employee ID	
Agency Name	Department	
Administration	Benefits Admin & HRIS Mgmt	
Position Title	Empl Record	
PAYROLL BEN SYSTEMS COOR-SEN	0	
Supervisor Name	Work Phone	
	608-224-1000	
Work Email	FTE	
name@wisconsin.gov	1	
Empl Class		
PRM		
Email Address During Leave	Phone Number During Leave	Extn.:
<input type="text" value="Enter email during leave"/>	<input type="text" value="Enter phone # during leave"/>	<input type="text"/>
Home Address During Leave		
<input type="text" value="Enter home address during leave"/>		

5. Click the **Next** button on the bottom of the page to continue. Click the **Save** button at the top of the page if you want to save your information at this point.

6. Check the applicable 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 for 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:  Name of Family Member

Relationship to 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 work schedule." Click on the calendar icon to select the leave dates. If you are requesting intermittent leave or a reduced work schedule, enter your anticipated schedule.

- Check the boxes next to any leave types that you plan to use during your medical leave. Your leave balances display on the page for reference purposes. You are still responsible for submitting absences in STAR HCM (PeopleSoft). Click **Review & 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 the request from the **My FMLA Requests** page.

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

- You will see the Documents section at the top of the 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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5. The document you uploaded will then appear in the document section and will be visible to the Medical Coordinator.

## HOW TO CHANGE YOUR REQUEST

1. If your request is in a Draft Status, click on the request to make changes. Advance to the Submission Acknowledgement page, type in the **Name of Person Submitting Request**, and click either **Submit Request** to submit for processing by a Medical Coordinator or **Update** to retain as a Draft.
2. If your request is in a New Request Status, click **Update** at the bottom of the request page to make updates to your request.
3. 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.



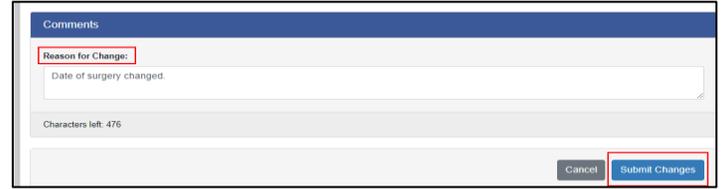
**Note:** On the My FMLA Requests page, if there is a name listed under Reviewer, your request has been assigned to a Medical Coordinator.

4. 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.

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



7. The assigned Medical Coordinator will automatically be notified of your change request

## WITHDRAWING YOUR REQUEST

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



3. Enter why you are withdrawing your request in the **Comments** box, then click **Submit Withdrawal**.



## SYSTEM NOTIFICATION

1. 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.
2. Your supervisor is also notified when a request is submitted and is Cc'd in many of the above scenarios.



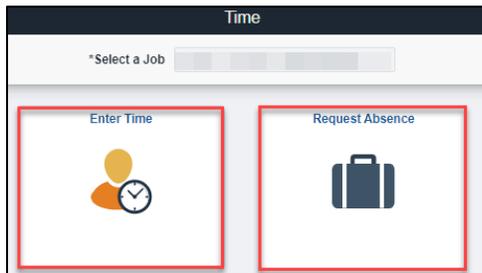
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## ENTERING FMLA IN STAR HUMAN RESOURCES SYSTEM

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

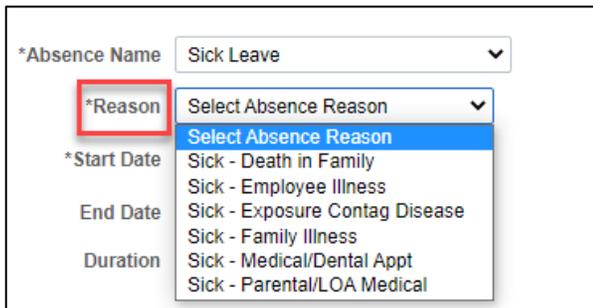
1. Log in to STAR Human Resources (<http://ess.wi.gov>) and navigate to your timesheet under the **My Time** tile. If entering a future absence, you will follow these steps under the **Request Absence** tile.



2. If you need to enter FMLA for the current or past 2 weeks, select **Enter Time** to access your timesheet. Here you can enter any work hours as well as enter an absence from the **Request Absence** button at the top right of your timesheet.



3. First, select the type of paid (or unpaid) leave you wish to use and the dates/duration. You may enter leave in week blocks for less leave entry.
4. Choose the correct *reason* for the leave:
  - If logging Sick Leave, choose the corresponding reason:

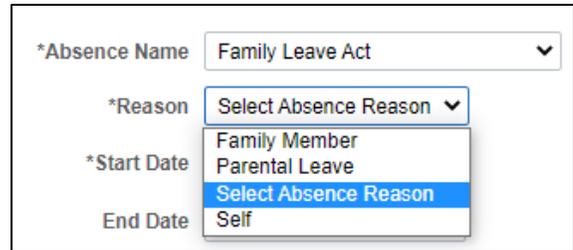


- If logging leave other than Sick Leave, choose **In Lieu of Sick or Parental/LOA Medical** as the Reason.

5. Be sure to Forecast Balance, then click Submit. Leave must be in an **Approved** status before attempting to enter the FMLA absence.

Reason	Duration	Unit Type	Details	Status
Sick - Employee Illness	12.00	Hours	<a href="#">Details</a>	Approved

6. Then, click *Request Absence* again to add the absence event of *Family Leave Act*.
7. Choose the correct *Reason* for the absence: *Family Member, Self or Parental Leave*.



8. Match the dates and duration of the leave previously entered, then Forecast Balance 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

1. Absence Management runs every two weeks during payroll processing. Your FMLA balance will update once every two weeks when payroll processes.
2. You may not see an FMLA balance the first payroll cycle that your leave is approved. You are still able to enter FMLA.
3. **Leave without Pay Leave (LWOP)** should be entered as the absence in any of the following circumstances:
  - You do not wish to use any of your accrued paid leave balances;
  - You do not have enough leave to cover your entire absence; or
  - You are an LTE eligible for FMLA but not entitled to paid leave balances.

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 Forms](#)
- [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](#)