# Request FMLA - Leave of Absence

## Smart Guide

**Employees**

### Purpose

Employees will use this process to request FMLA leave of absence, which differs from requesting time off. "Time off" often involves fewer days and the expected return date is known. "Leaves of absence" are generally longer-term and a return to work date is not always known.

A timesheet must be completed for the pay period the leave of absence begins and ends. This is true for all employees salaried or hourly. Please refer to the Enter and Submit Time Smart Guide for assistance.

### Audience

Employees

### Identify Type of Leave

Prior to accessing Workday, identify the reason for your leave:

- Type - Is the leave for you or for care of a family member?
- Duration - Is the leave continuous (multiple days in a row, block of time used at once) or Intermittent (periodic absences throughout a week, month, or year. Also includes a reduced work schedule)
- Dates - What dates are you estimating?

**Example:** John needs to request FMLA for his own serious health condition. His medical provider has told him that he will need 6 full weeks of continuous time away from work to recover.

Employees should select FMLA leave types even if eligibility requirements are not met. The Leave Manager will determine eligibility.

**Not sure if your absence is an FMLA qualifying reason?**

Consult the LOA Decision Tree for guidance, or contact the DAS Leave Administration Team at:

- Phone: 515-72-LEAVE or 515-725-3283 (8a-4:30p, M-F)
- Email: LOA@iowa.gov
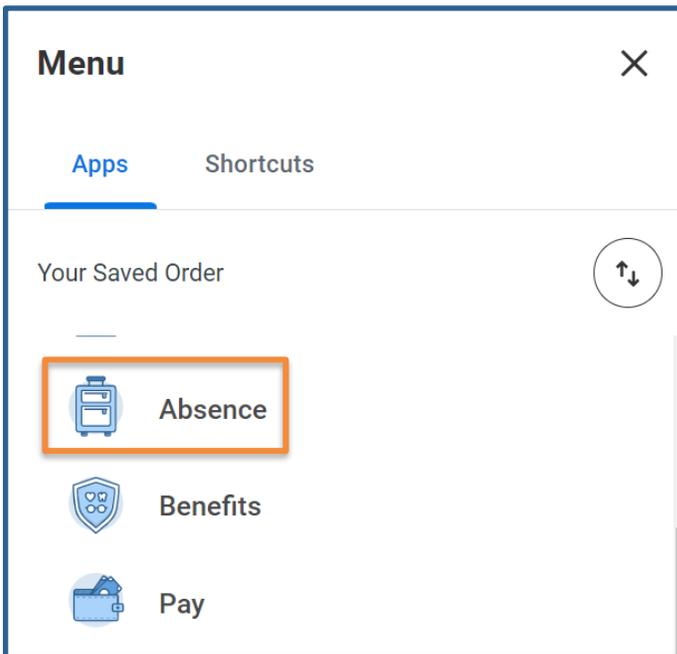- Fax: 515-242-5070
- DAS FMLA Website

## Contents
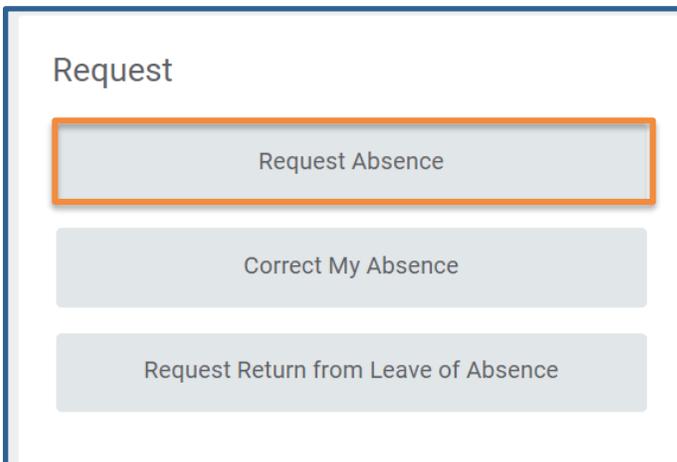
## Request Leave of Absence

1. From the **Workday Home Page**, select the **Menu**.



2. Select the **Absence** app.



3. Select **Request Absence** from the **Request** menu.

4.  Select the **days or date span** for your absence. A single date will likely not qualify for FMLA. You may:

    a.  From the **Absence Calendar**, select **each day needed individually**.



    b.  From the **Absence Calendar**, select **multiple days** by selecting a day and hold the mouse click while dragging your mouse across multiple days.
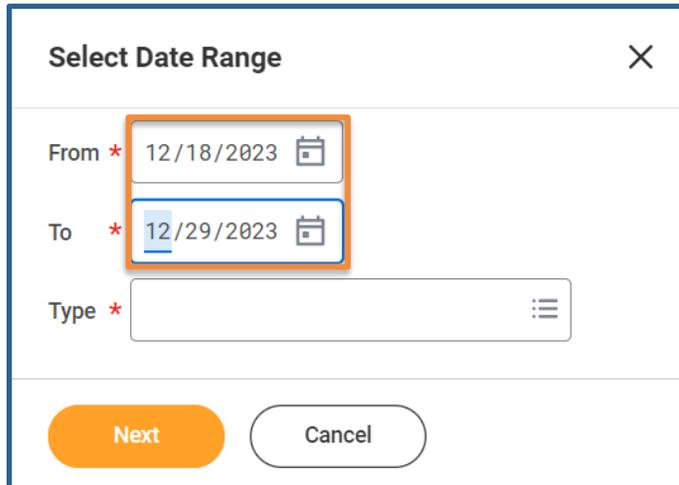


    **Note:** To deselect a day, select that day again.

c. Choose **Select Date Range** in the upper left hand of your screen to enter an extended date range. This is useful when entering an absence request that might extend into a different month or over a long period. The date span can be up to a year, total.
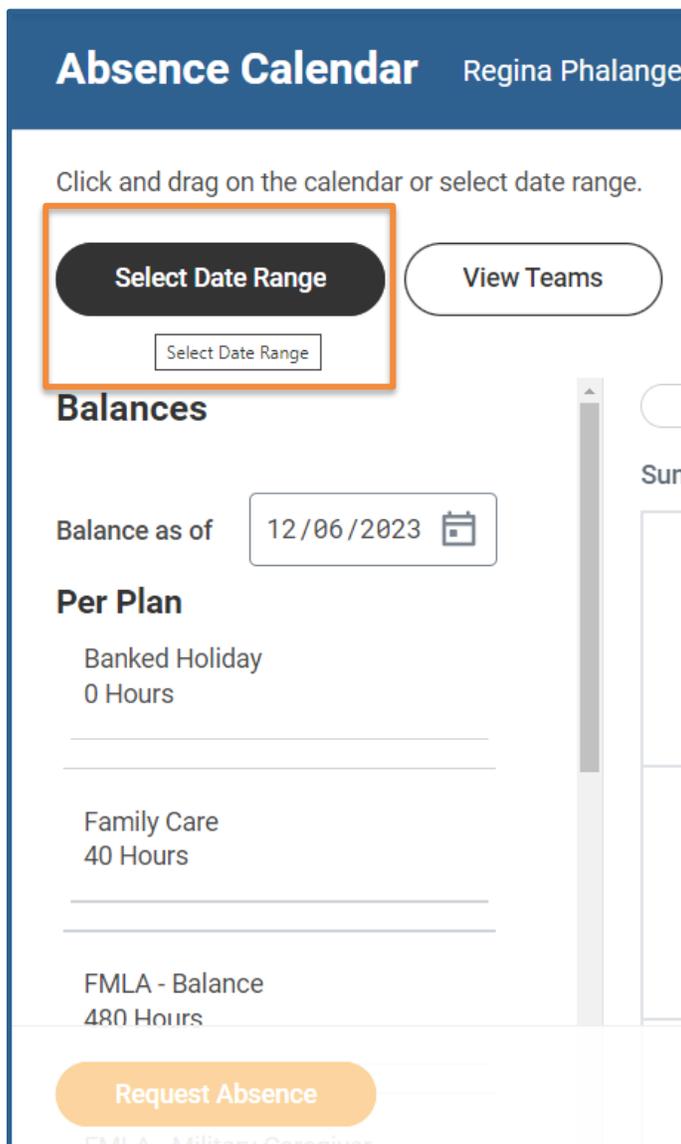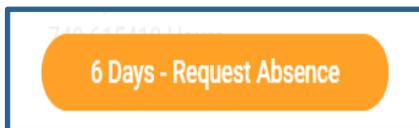
**Note**: Enter the **Date Range**. Workday will automatically skip Step 5. Use Step 6 for more information about which **Type** to select.
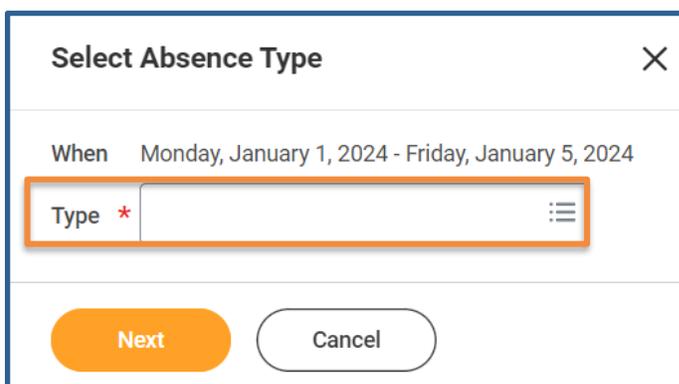
**Select Date Range**                                                    ✕

From  *  12/18/2023  📅

To    *  12/29/2023  📅

Type  *  [                              ]  ☰

( **Next** )    ( Cancel )

5. Once the dates are selected, select **Request Absence**. The number of days you requested displays on the button to help confirm your request.
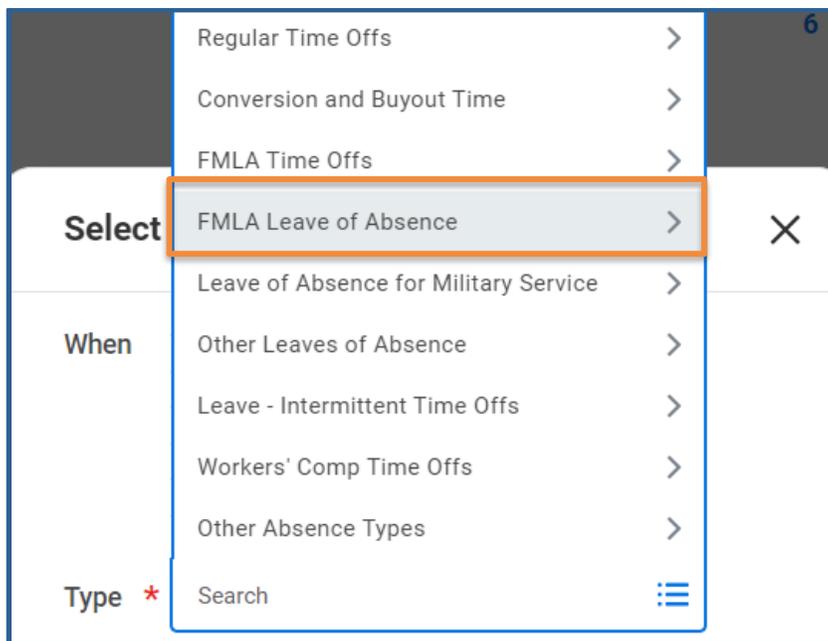
**6 Days - Request Absence**

6. Select the field box next to **Type** and select the type of leave of absence:

**Select Absence Type**                                                  ✕

When    Monday, January 1, 2024 - Friday, January 5, 2024

Type  *  [                              ]  ☰

( **Next** )    ( Cancel )
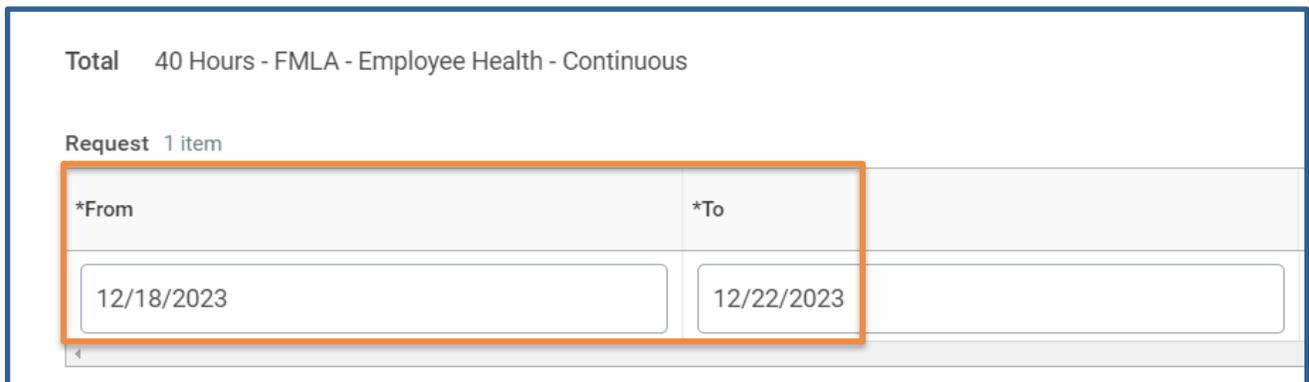
a.  Select **FMLA Leave of Absence**.



i.  Select a **Leave of Absence Type** from the list provided in Workday.
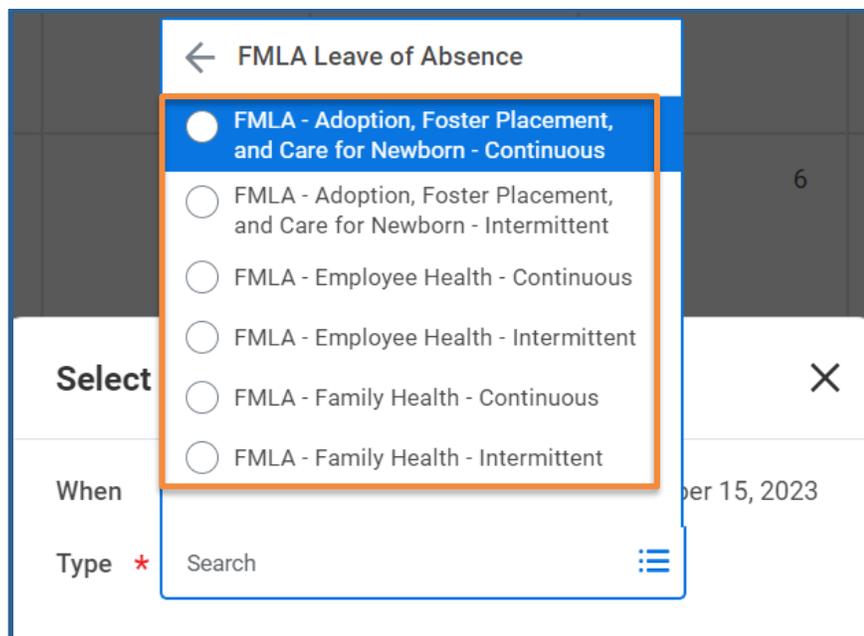


ii.

7.  Select **Next**.
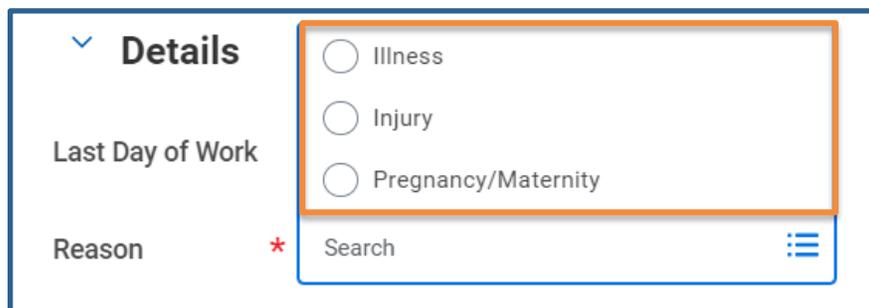
8. Confirm the **Duration** of leave that you need.



**Note:** The **Last Day of Work** auto populates to the Business day prior to the Start Date selected.

9. Select a **Reason** for leave.

   a. For **FMLA Leave of Absence**, the following **Reasons** will populate:



10. Select **Submit** to continue or **Cancel** to go back.

    **Note:** Select Cancel to go back to your Absence Calendar. This **will not save** your request.

11. After submitting your **Leave of Absence Request**, you will receive a task to acknowledge your **FMLA Rights and Responsibilities** in your **My Tasks** (previously known as your Inbox).

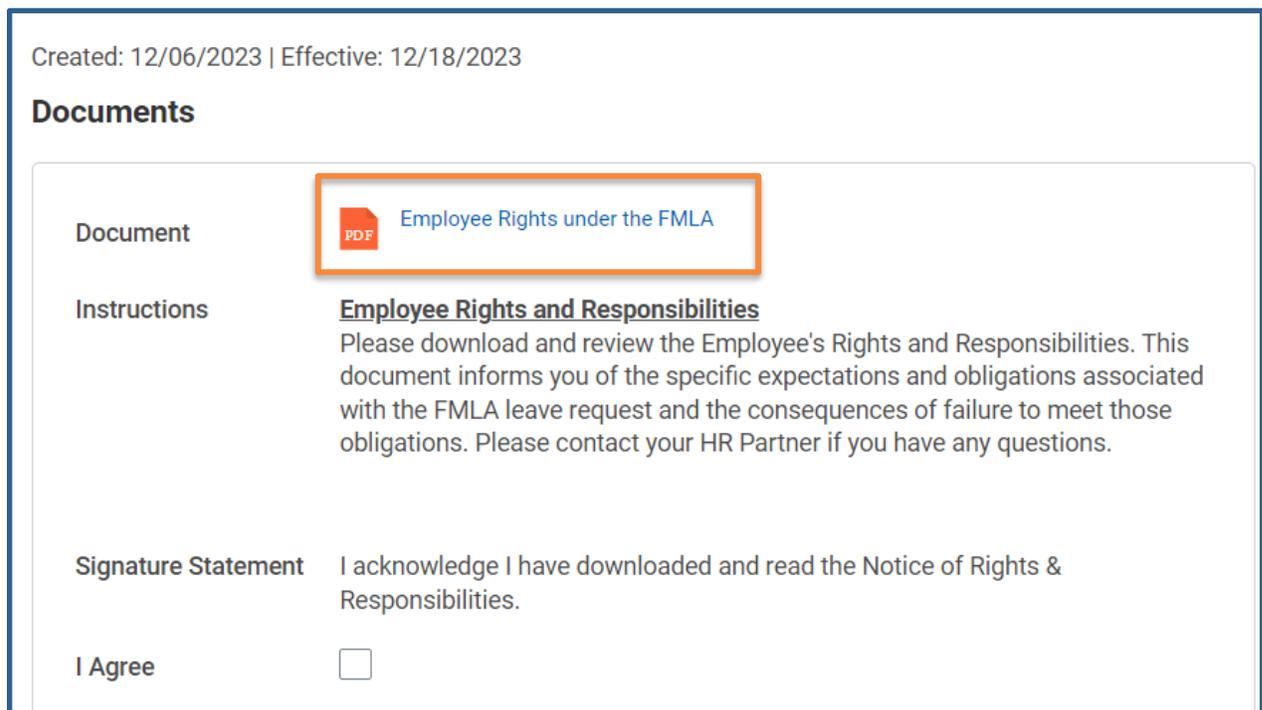## Acknowledge your FMLA Rights and Responsibilities

1. From your **Workday Homepage**, select **My Tasks**.
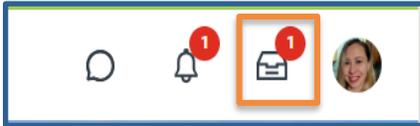


2. Open your **Absence Request task** to view and acknowledge your **FMLA Rights and Responsibilities**.
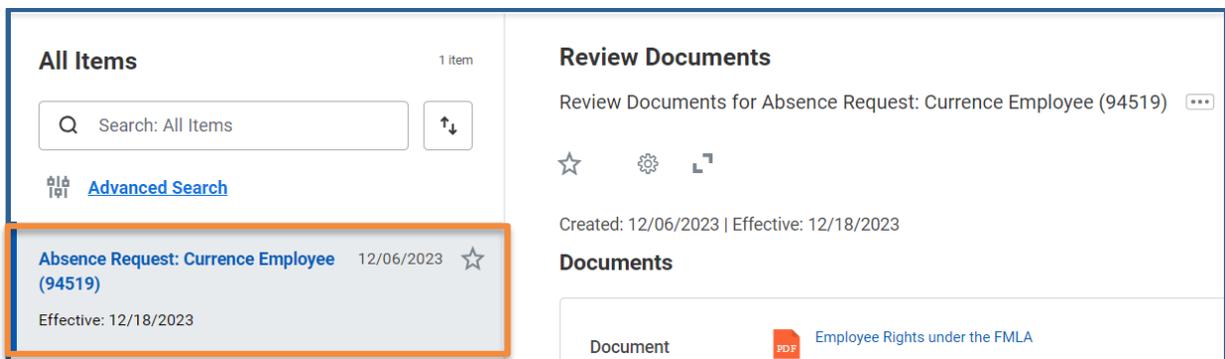


3. Select **Employee Rights under the FMLA** to download and review the file.

4. Confirm your **acknowledgement** by selecting the **checkbox** next to **I Agree**.

Created: 12/06/2023 | Effective: 12/18/2023

**Documents**

| | |
|---|---|
| Document | 📄 PDF **Employee Rights under the FMLA** |
| Instructions | **Employee Rights and Responsibilities**<br>Please download and review the Employee's Rights and Responsibilities. This document informs you of the specific expectations and obligations associated with the FMLA leave request and the consequences of failure to meet those obligations. Please contact your HR Partner if you have any questions. |
| Signature Statement | I acknowledge I have downloaded and read the Notice of Rights & Responsibilities. |
| I Agree | ☐ |

**Note:** If this is a FMLA Employee Health Condition - Continuous, select the **Return to Work form** to download and review the instructions for this requirement.

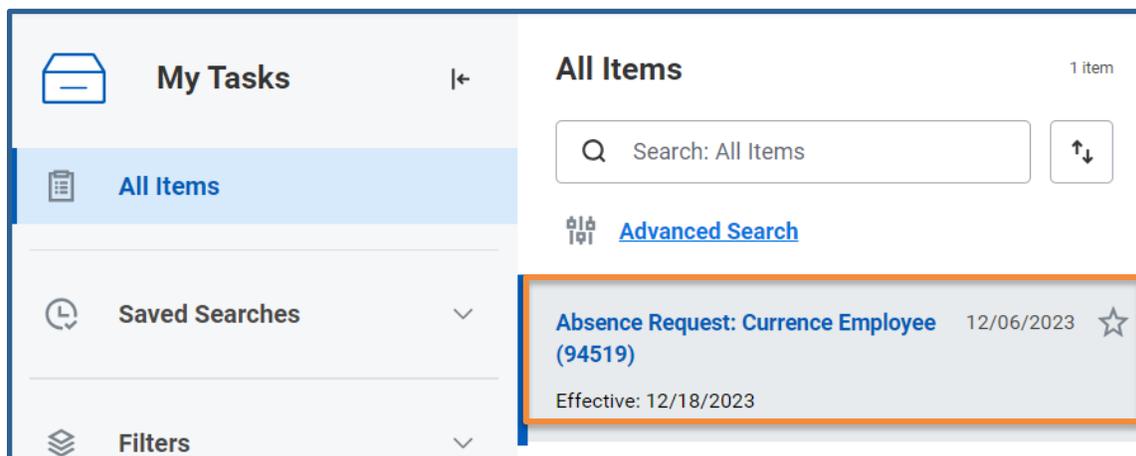| | |
|---|---|
| Document | 📄 PDF **Return to Work Form** |
| Instructions | You are **required** to have this Return to Work Certification Form completed by the healthcare provider who has knowledge regarding your reason for using FMLA leave.<br><br>Download the attached Return to Work Certification Form. When you are released to return to work, complete the form with your healthcare provider. Next, attach the completed form to the Request Return from Leave, or provide it to your Manager to attach to your Request Return from Leave. Failure to provide a completed Return to Work Certification may cause delay or denial of your return to work under Family and Medical Leave regulations.<br><br>**Note:** After clicking on "submit" your request will be reviewed by the LOA Team and then FMLA paperwork will be sent to your Workday Inbox. |

5. Select **Submit**.

6. After submitting, the **acknowledgement** that you downloaded and read the **Notice of Rights and Responsibilities**, the task will route to a Leave Manager. The Leave Manager will review your request for eligibility within 5 business days.

   a. If you are eligible, you will receive a task that contains a **Certification of Health Care Provider (CHCP)**. This form will need to be completed by you and your Health Care Provider **within 15 days**.

   b. If you are not eligible for FMLA, the Leave Manager will reach out to you via email to explore other options.

## Access Certification of Health Care Provider (CHCP)

1. From your **Workday Homepage**, select **My Tasks**.
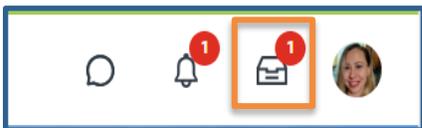


2. Open your **Absence Request task** to review the required documents for your Absence Request.

3.  Select the **CHCP document** to download or print.



4.  Once you receive the **final CHCP** from the **provider**, you will **Select files to locate** the file **or Drop** the **CHCP form** to the **Review Documents** task.

    **Note:** You may select Submit if your provider will FAX the document to the Leave Team.
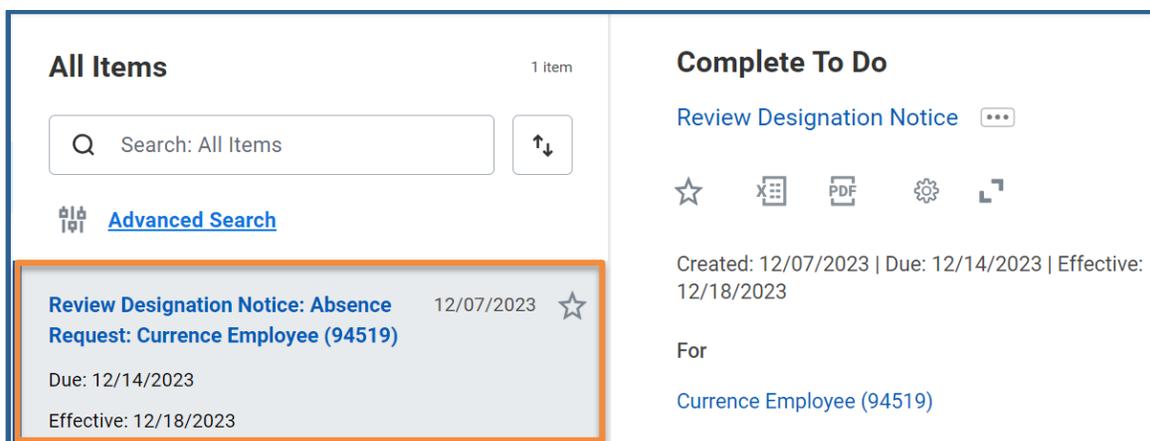
5.  Once the file has been added, select **Submit**. The task will be routed to the Leave Manager. You will receive a task and an email from the DAS Leave Team of the decision within five business days.

## Finalize Request

1. From your **Workday Homepage**, select **My Tasks**.

2. Open your **Review Designation Notice** task to read the uploaded **FMLA Designation Notice**.

3. Select **Maintain Worker Documents**.
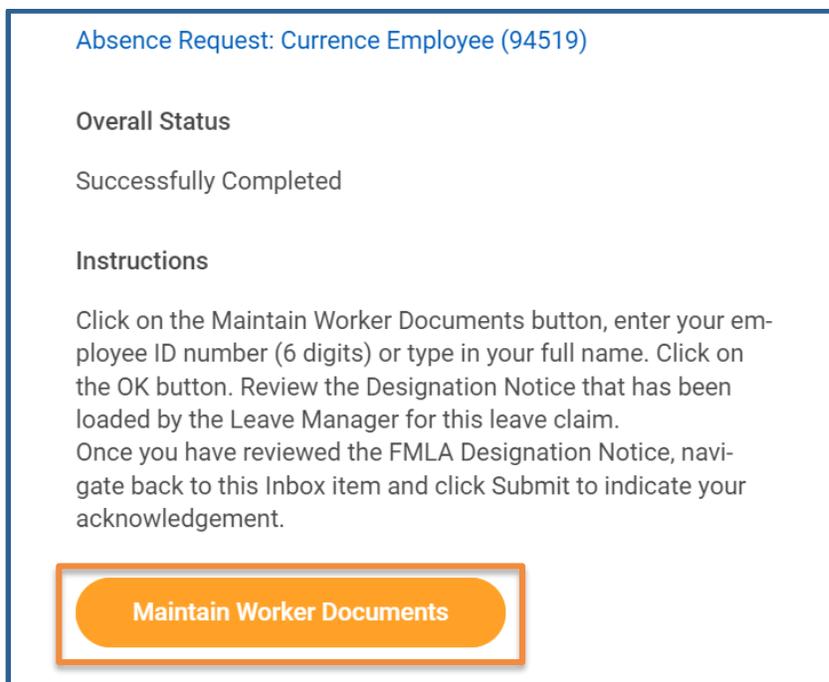
4. Enter your **Name** or **Employee ID** in the **Worker** field and select **Enter** on your keyboard to search.
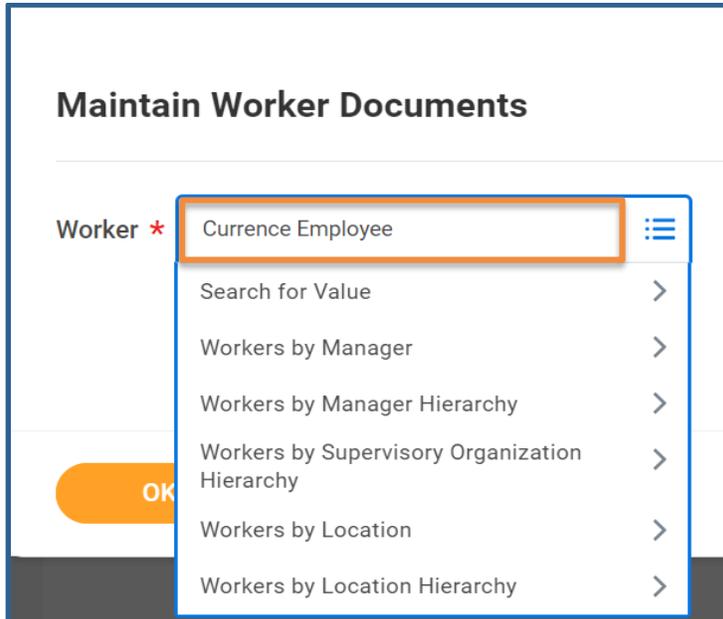


5. Select your **Name** and choose **OK**.

6. Locate and select the **Designation Notice** to download and review.



7. Once you have reviewed, select the **My Tasks** icon.

8.  Open the **Review Designation Notice** task.



9.  Select **Submit**.

## FMLA – Entering Time Offs

You will need to enter time offs with your leave of absence for both continuous and intermittent leaves of absence. This is true for hourly and salaried employees.

**Note:** Continuous leave of absence – If your leave is foreseeable (e.g. scheduled surgery), you can enter the time offs on your absence calendar prior to your leave of absence. If your leave is unforeseeable, your Manager, HR Partner, or the Leave Manager will update your Absence Calendar and use your applicable paid time offs. Applicable paid time offs should be used in this order, unless otherwise stated by employee and/or management.

| Type of FMLA | Usage of Time Offs |
|---|---|
| Leave for Employee Health Condition | 1st Sick<br>2nd Vacation<br>3rd Compensatory/Banked |
| Leave to Care for a Family Member | 1st Family Care<br>2nd Vacation<br>3rd Compensatory/Banked |
| Bonding, Adoption or Foster Placement | 1st Family Care<br>2nd Vacation<br>3rd Compensatory/Banked<br>(SPOC only – may use Sick) |

## FMLA Time Offs

1. Select **FMLA Time Offs**.



2.

3. Select the **appropriate time off** from the list provided in Workday.

4. Confirm the **Duration** of leave that you need.

| Total | 40 hours - FMLA Sick Time Off | |
|---|---|---|
| **Request** 1 item | | |
| ⊕ | **\*From** | **\*To** |
| | 12/18/2023 | 12/22/2023 |

5. Review the **hours per day** and adjust accordingly.

| Quantity per Day | Total | |
|---|---|---|
| 8 hours | 40 hours | Edit Quantity per Day |

6. To adjust the hours, select **Edit Quantity per Day**.

| Quantity per Day | Total | |
|---|---|---|
| 8 hours | 40 hours | Edit Quantity per Day |

**Note:** To add **additional** FMLA Time Off Types, select the **plus sign icon**.

a. Select the **Duration**.

b. Select the **FMLA Time Off Type**.

c. **Note**: The Time Off selected **must be a FMLA labeled Time Off Type**.
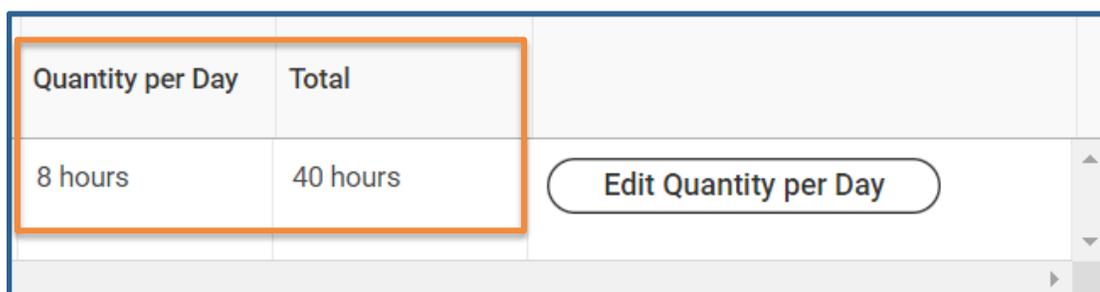
d. Review the **hours per day** and adjust accordingly.

e.  To adjust the hours, select **Edit Quantity per Day**.

| Quantity per Day | Total | |
|---|---|---|
| 8 hours | 40 hours | Edit Quantity per Day |

7.  For **FMLA Time Offs**, the following **Reasons** will populate:

Det

○ Continuous Time Off

○ Intermittent Time Off

Reason * Search

a.  Enter the following in the **Comments** box:

i.  If **Intermittent Leave of Absence**, enter:

- **Leave Claim ID.**

  a. Located in your Worker Profile > Personal > Additional Data > Leave Claim ID.

- Enter either **incapacity** or **office visit**.

8.  Select **Submit** to continue or **Cancel** to go back.