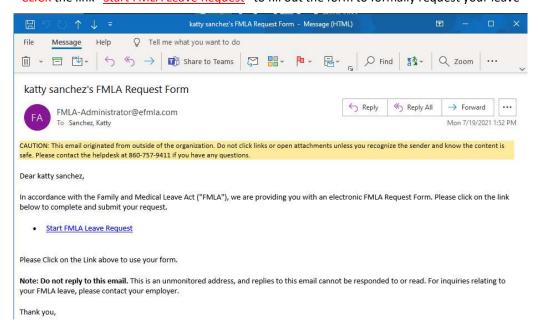
We have new processes that have replaced the CLR process. Please ensure that the following steps are completed.

- 1. Request time off through the Frontline system as:
 - "Sick" if the FMLA request is for a leave of absence for your own medical condition
 - "Personal" if the FMLA request is for a leave of absence to take care of a family member
 - Or contact your Executive Assistant if you are unable to enter the absence reasons above to code the Frontline system for time needed
- 2. Request a leave of absence through the following link: http://request.efmla.com/request-ind.tpl?A1=36452c23688H024
 Once you CLICK the link -> enter your basic information -> Name, employee ID and Email address -> "Send Form"



You will receive an email to continue with the FMLA request process

CLICK the link "Start FMLA Leave Request" to fill out the form to formally request your leave



Sample of the HPS Employee Request form for FMLA -> fill out the requested information and "Send Form"



Hartford Public Schools Employee Request for Family or Medical Leave

An employee seeking (or confirming) leave under the FMLA must check all required boxes, sign, and submit his/her leave request at least thirty (30) days prior to the desired start date of the leave (if practicable because the leave is foreseeable) or as soon as practicable if the leave has already begun or was not foreseeable. FMLA leave requests for any qualifying exigency for military family leave must be submitted as soon as practicable. Note: * Please fill out all required fields below. Section I: Employee Information First Name: katty Last Name: sanchez 10966 Employee #: Address: Street Address Apartment: Apartment City: City State: State Zip Code: Zip Code Phone #: Phone Number Department/Role: None Selected ¥ Location: ~ None Selected Email Address: katty.sanchez@hartfordschools.org

Once you click on "Send Form" the confirmation below officially starts your FMLA request process

Hartford Public Schools - eFMLA: Employee FMLA Request Completed



Section II: Leave Reason

You, **katty sanchez**, have successfully created an FMLA Request Form and sent it to your employer's FMLA Administrator for processing. The FMLA administrator will contact you with further instructions regarding your request for FMLA leave.

Close

- Ask your doctor to complete the formal FMLA- Certification of Health Care Provider form (the system above should prompt you to do this, but I have also attached a blank copy of the paperwork for your convenience)
- You are working diligently in the processing of all FMLA request within fifteen (15) days