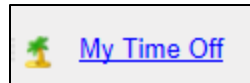


EmpCenter Create a Case for Expanded FMLA

Creating a New Expanded FMLA Case in EmpCenter

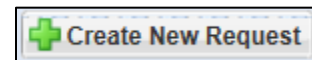
This job aid will assist users with entering a new ACT case for Expanded FMLA in EmpCenter. The Absence Compliance Tracker (ACT) is designed to automatically manage federal and state leaves. Employees are able to enter new leave cases into ACT. This guide will walk employees through this process.

1. Login to EmpCenter.



2. Select My Time Off under the Schedules box.

3. Click on Create New Request.



4. Click on the Continue button in the section for FMLA and/or State Leave Absences.

FMLA and/or State Leave Absences
ONLY USE THIS BOX IF YOU HAVE BEEN OR ANTICIPATE BEING ABSENT FOR MEDICAL AND/OR FAMILY REASONS FOR MORE THAN FIVE CONSECUTIVE DAYS.

Reason for Leave:

- My Serious Health Condition
- Serious Health Condition of Family Member (Spouse, Child or Parent)
- Parental Care (Birth, Adoption, Foster Care Placement)
- Military - Service Member Family Leave
- Parental Care (COVID-19)
- Military - Veteran Family Leave
- Military - Exigency Family Leave

5. Enter your Estimated Start Date and Estimated End Date.

Estimated Start Date	Estimated End Date
04/01/2020	04/01/2020

6. Use the drop down to choose the Reason for the leave.

Reason

I need to care for my minor child because of school/childcare provider closures due to COVID-19

I'm pregnant or need time off to deliver my baby

I'm donating bone marrow or an organ

I have another health condition (not pregnancy-related)

I need time to bond with a new child

I need time to complete an adoption or foster child placement

I need time off because of so

I need time off due to my mil

I have a family member who

I, or someone else, have been

I need time off for a teacher-related leave

I need leave for some other reason

Continue to additional questions

Discard request

- Click on Continue to additional questions (located at the lower left of the screen).

How would you prefer to receive paperwork (forms, letters, etc) related to this leave?
 Email

Enter the email address we should use.
 last_name_first_name@asd.k12.org

During this leave, I expect to be away from work
 All day, every day

I acknowledge that I must request emergency FMLA on a continuous basis in full day increments.

[Continue](#)

- Continue to answer all remaining questions. When the questionnaire is complete, you will see a message indicating this.

Do you have any minor children at home that require your care?
 Yes

If Yes to the question above, please enter the name(s) of the child(ren):
 (Optional - you can use)

Are you unable to work/duties due to needing to provide care for your minor child or children because this or her school or child care provider is closed due to COVID-19?
 Yes

If you answered yes to the question above, please enter the name(s) of the school(s) and/or children provider(s) that your child(ren) attends that is closed due to COVID-19:
 (Optional - you can use)
 (Right-Clicking to Copy)

Does another family member work for us?
 No

I certify that the answers to the questions above are true based on my knowledge and belief.
 Yes

[The questionnaire is complete. You may still edit any answers by clicking on it.](#)

- When you are finished, click the Submit Request link at the bottom of the screen.



- A message indicating that the leave was successfully submitted will appear.

Your request has been submitted.

- The new case is now created and waiting for action by a case manager.

Current		Past			
Type	Start Date ▲	End Date	Hours Requested	Status	Case ID
Leave - I need to care for my mi...	04/01/2020	04/01/2020	n/a	Pending	5453
Time off - Emergency COVID-19...	04/01/2020	04/01/2020	1	Pending	n/a