Applying for FML with FMLASource®

You can apply for FML with FMLASource® via the FMLASource website, or by calling FMLASource directly at 1-844-837-9301, 7:30 a.m. – 9:00 p.m., every day.

To apply for FML through FMLASource® online, go to https://www.fmlasource.com. Select the link titled “Register.”

Registration: Step 1

Enter your employee ID and zip Code (Work or home).
**Registration: Step 2**

After entering your employee ID and zip code, you will be asked to confirm your identity.

**Registration: Step 3**

You will now be asked to create a personal Username and Password. You will be required to answer five security questions of your choice.

<table>
<thead>
<tr>
<th>Setup your FMLASource User Account</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Username</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Password</strong></td>
<td></td>
</tr>
<tr>
<td>Confirm Password</td>
<td></td>
</tr>
<tr>
<td><strong>Security Question 1</strong></td>
<td><strong>Where is your favorite vacation spot?</strong></td>
</tr>
<tr>
<td><strong>Answer</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(at least 4 characters)</td>
</tr>
<tr>
<td><strong>Security Question 2</strong></td>
<td><strong>Where is your favorite vacation spot?</strong></td>
</tr>
<tr>
<td><strong>Answer</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(at least 4 characters)</td>
</tr>
<tr>
<td><strong>Security Question 3</strong></td>
<td><strong>Where is your favorite vacation spot?</strong></td>
</tr>
<tr>
<td><strong>Answer</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(at least 4 characters)</td>
</tr>
<tr>
<td><strong>Security Question 4</strong></td>
<td><strong>Where is your favorite vacation spot?</strong></td>
</tr>
<tr>
<td><strong>Answer</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(at least 4 characters)</td>
</tr>
<tr>
<td><strong>Security Question 5</strong></td>
<td><strong>Where is your favorite vacation spot?</strong></td>
</tr>
<tr>
<td><strong>Answer</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(at least 4 characters)</td>
</tr>
</tbody>
</table>
Next, provide the best contact information where FMLASource can reach you.

How should we contact you?
Send My Correspondence By
- E-mail Only

Auto-Notification Method
- Please Select

Personal E-mail Address

Mobile Phone Number
(Required for text notifications)

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Accept
Submit

Submitting a New FML Request
After logging into your FMLASource® account, select the link titled “Add New Leave Request” on your dashboard.

I want to:

- My Absence Information
  - View My Leave Requests
  - Add New Leave Request

- Actions
  - Work on Behalf of

- Reports
  - Generate Reports
New Request: Step 1

Review Personal Information. Update mailing address and/or phone number if needed. If “Employee Schedule” information appears correct, select “Continue.” If it is not correct, contact FMLASource® directly at 1-844-837-9301.

Step 1 - Personal Information

| Form Submitted By: |  
| John Smith | Date:  
|  
| Employee Name: |  
| John Smith | Employee Number:  
|  
| Mailing Address: |  
| 500 W. Barry  
Chicago, IL 60657  
United States | Primary Phone Number:  
|  
| Update Address | Change Phone |

**Please Note:** Updates to the mailing address and phone number are for FMLASource purposes only and will not be sent to your employer. Please contact your HR department to update the address or phone number they have on file for you as it may be different.

**Employee Schedule:**

| Scheduled Hours per Week: | 40 |
| Scheduled Number of Days per Week: | 5 |

If the schedule information shown here is incorrect, please contact us.

Note: If you are also applying for disability benefits, you may need to provide additional information and paperwork.

Continue

New Request: Step 2

Designate a reason for the leave you are requesting. Select the appropriate reason to continue to next step.

Step 2 - Reason for Leave

Please select the reason for the leave you are requesting

- Personal Medical Condition
- Birth Mother - Pregnancy & Bonding
- Non-Birth Parent - Bonding/Adoption/Foster Care
- Family
- Qualifying Exigency
- Care for an ill or injured Service Member
- Bereavement Leave
- Military Leave
- Jury Duty
- Domestic Violence
- Civic Engagement Leave
- Organ / Bone Marrow Donor

Go Back
After selecting the appropriate reason for leave, you will continue on to provide information about you or your family member’s medical condition. Choose a leave condition from the drop down box. If you choose “Other” please provide a brief description of the condition that you are requesting leave for, see below for example. Lastly, indicate whether or not this condition is worker’s compensation related.

**Personal Medical Condition**

Inpatient hospital, hospice or medical facility stay, recovery from stay or treatment related to stay; or,
Too sick to work for more than three consecutive days (including non-work days), and saw a health-care provider twice; or saw a health-care provider once and given a continuing regimen of treatment (e.g., therapy, medication); or,
Incapacitated by or out to receive treatment for a serious chronic or permanent health condition (e.g., asthma, diabetes, cancer).

**Leave Condition**

Select a leave condition from the drop down box. If you choose “Other” please provide a brief description of the condition that you are requesting leave for, see below for example.

**Is this condition worker’s compensation related?**

Next, you will complete the section entitled “Health Care Provider (HCP) Contact Information”. FMLASource® will use this information to fax your paperwork directly to your Health Care Provider.
Step 3: Duration of Leave

In this step you will need to enter the beginning and end date of your leave, as well as select which type of FML it will be (Continuous, Reduced, or Intermittent). Then, confirm your desired form of correspondence with FMLASource.

After you select “Submit”, your FML request will be submitted to FMLASource. You should receive a response from FMLASource in writing within 48 hours of submitting your request. If you are eligible for FMLA, you will receive a Leave Request Packet and Medical Certification via email within 48 hours. If you chose the postal option, it may take several days to receive your Leave Packet and Medical Certification. If you have an appointment with your health care provider within the next 24 hours, you may go ahead and select the link titled “Medical Certification” to print or email a copy of the certification to give to your health care provider during that visit.
Viewing your FML Requests

To view previously submitted leave requests, select the link titled “View My Leave Requests” on your dashboard.

I want to:

- My Absence Information
  - View My Leave Requests
  - Add New Leave Request

- Actions
  - Work on Behalf of

- Reports
  - Generate Reports

All of your previously submitted leave requests will be displayed. The very right column in the table, titled “Status/Reason”, will indicate the status of your leave at that time. To view a specific leave request in more detail, select the corresponding ID#. From this screen, you can also view your time, report time used, and add a new FML request.

### Managed Absences

<table>
<thead>
<tr>
<th>Id #</th>
<th>Requested Date Range</th>
<th>Type - Reason</th>
<th>Taken For</th>
<th>Status/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1295586</td>
<td>12/01/15 - 11/30/16</td>
<td>Employee’s Serious Health Condition - Leave</td>
<td>Self / Employee</td>
<td>Requested - Pending Review</td>
</tr>
<tr>
<td>1104783</td>
<td>11/02/15 - 12/11/15</td>
<td>Employee’s Serious Health Condition - Leave</td>
<td>Self / Employee</td>
<td>Approved - End of Leave Confirmed</td>
</tr>
<tr>
<td>1164486</td>
<td>06/11/15 - 05/10/16</td>
<td>Employee’s Serious Health Condition - Leave</td>
<td>Self / Employee</td>
<td>Approved</td>
</tr>
</tbody>
</table>

If an orange icon is present in the “Id #” column that means that action is required for that particular leave. Hover over the icon to view the detailed message or click into the request to view more information.
FMLASource for Managers

Managers have the ability to view their employees' Leave Request(s). The Manager will select the link titled “Work on Behalf of”, then enter the employee’s last name, first name, and/or Employee Number. Managers will only be able to view employees who report directly to them.

After selecting the employee, managers will be able to view the employee’s leave usage from the previous twelve months, view letters previously sent to the employee, and view the employee’s leave dates and current status of leave.

If an orange icon is present in the “Id #” column that means that action is required for that particular leave. Hover over the icon to view the detailed message or click into the request to view more information.