How to Submit a Family Medical Leave Act (FMLA) Request through Employee Self-Service

Please note that to qualify for FMLA, you must have worked for your current employer for at least 12 months, and you must have worked a minimum of 1,040 hours in the last 12 months. If you do not meet these requirements, you are not eligible for FMLA leave. The Employee Self-Service FMLA Request function is configured to prevent anyone who does not meet these requirements from submitting an FMLA request. Please contact the appropriate FMLA administrator below with any questions. If your FMLA request is returned by the FMLA administrator for additional information, please refer to the Returned for Correction instructions on page 7 of this guide.

MCG and Sheriff (SHF) Employees:
Occupational Medical Services
240-777-5137 (phone)
240-777-5186 (secure fax)
Fmla.information@montgomerycountymd.gov

Circuit Court (CCT) Employees
Court Administration
240-777-9101 (phone)
240-777-9102 (alt. phone)
fmla@mcccourt.com

1.	Log into the **AccessMCG** portal. Click on the **HR Employee Self-Service** link. When the related functions appear to the right, click on **MCG Request FMLA and/or Paid Parental**.

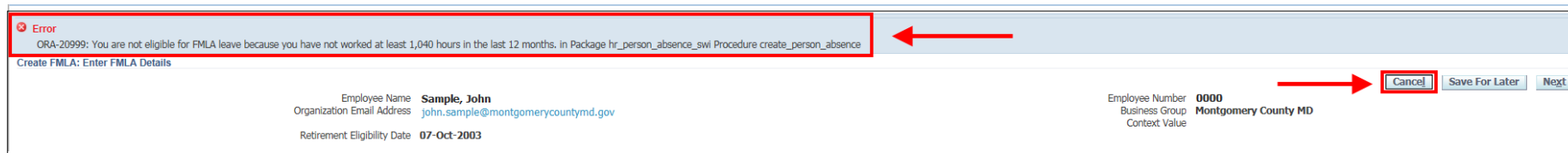| 2. | On the *Leave Summary* screen, you have the ability to search for Leave requests that have already been submitted (by absence type and/or status or the start and end date of your request). You can also add supporting documents, update or cancel an open request, or see the status of a request.

To submit a new request, click the button that says **Click here for a New Leave Request**.

MCG Request FMLA and/or Paid Parental: Leave Summary

Employee Name ▬▬▬▬▬▬
Organization Email Address ▬▬▬▬ @montgomerycountymd.gov

* This is an overview of your current and previous FMLA and Paid Parental Leave Requests. To create a new Leave request please click on the Leave Request button below *

Absence Management

Leave Summary

Search

Note that the search is case insensitive

Absence Type MCG FMLA Hours ▾   Start Date (16-Oct-2023)
Approval Status ▾   End Date

Go   Clear

Click here for a New Leave Request

| Start Date | End Date | Absence Type | Duration Hours | Supporting Documents | Details | Update | Delete |
No results found. |

3.	On the *Enter FMLA Details* screen, complete the following:

1. **Leave Type** – select MCG FMLA Hours
2. **Leave Reason** – select the reason for your FMLA request from the drop-down. The selections are:
   - Adult Child incapable of self-care
   - Birth of a Child/Adoption/Foster
   - Family Guardianship
   - Military Exigency
   - Military Caregiver
   - Minor Child
   - Parent (Not In-laws)
   - Self
   - Spouse
   - Surgery (for self only)
3. **Duration** – these are the dates on which your FMLA leave will start and end (note: there is a calendar to the far right of the screen for your reference).
4. **Comments** – this field is optional, but if you have any comments for the FMLA administrator, enter them here.
5. **Supporting Documents** – click the **Add Attachment** button to add any applicable documentation such as a doctor's note, medical forms, etc. (**IMPORTANT:** be sure to keep a copy of any documents attached to the request for your records. Once the FMLA administrator opens/saves your document, it will no longer be attached to the request). For instructions on how to add an attachment to your request, refer to page 9, step 3 of this document.

Click **Next** to proceed. Click Save For Later if you wish to save what you have entered and complete/submit it later.

NOTE: To qualify for FMLA, you must have worked for your MCG, SHF or CCT for at least 12 months, and worked a minimum of 1,040 hours in the last 12 months. If these qualifications are not met, an error message will appear at the top of the screen (see example below). Click the Cancel button to cancel the request. Contact the OMS Leave Administrators if you feel you received this message in error.

⊗ Error
ORA-20999: You are not eligible for FMLA leave because you have not worked at least 1,040 hours in the last 12 months. in Package hr_person_absence_swi Procedure create_person_absence
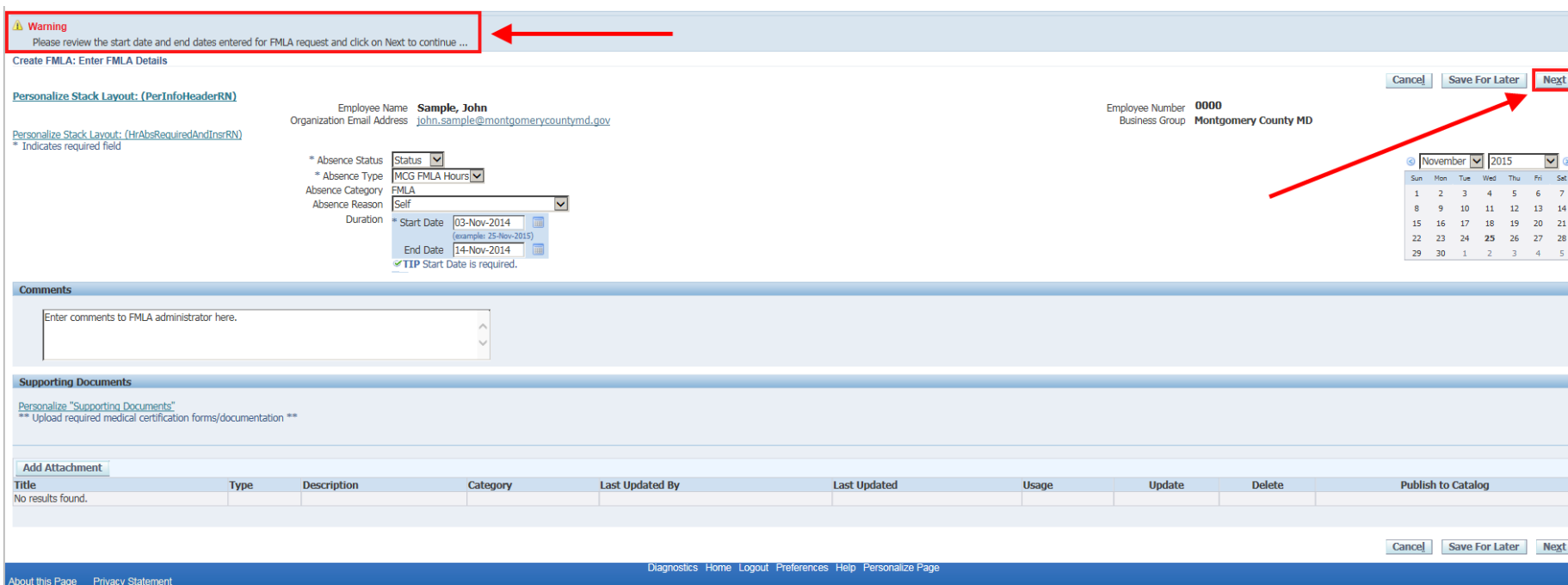
Create FMLA: Enter FMLA Details

Cancel | Save For Later | Next

Employee Name	**Sample, John**
Organization Email Address	john.sample@montgomerycountymd.gov
Retirement Eligibility Date	**07-Oct-2003**

Employee Number	**0000**
Business Group	**Montgomery County MD**
Context Value	

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4. If eligible, a message will appear at the top of the screen to review the start and end dates. Adjust dates if necessary. If correct, click **Next**.

⚠ Warning
Please review the start date and end dates entered for FMLA request and click on Next to continue ...

Create FMLA: Enter FMLA Details

Cancel | Save For Later | Next

Personalize Stack Layout: (PerInfoHeaderRN)

| Employee Name | **Sample, John** |
| Organization Email Address | john.sample@montgomerycountymd.gov |

| Employee Number | **0000** |
| Business Group | **Montgomery County MD** |

Personalize Stack Layout: (HrAbsRequiredAndInsrRN)
* Indicates required field

* Absence Status	Status ▾
* Absence Type	MCG FMLA Hours ▾
Absence Category	FMLA
Absence Reason	Self ▾
Duration	
* Start Date	03-Nov-2014 📅
	(example: 25-Nov-2015)
End Date	14-Nov-2014 📅

☑ TIP Start Date is required.

◄ November ▾ 2015 ▾ ►

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	**25**	26	27	28
29	30	1	2	3	4	5

Comments

Enter comments to FMLA administrator here.

Supporting Documents

Personalize "Supporting Documents"
** Upload required medical certification forms/documentation **

Add Attachment

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete	Publish to Catalog
No results found.									

Cancel | Save For Later | Next

Diagnostics Home Logout Preferences Help Personalize Page

About this Page   Privacy Statement

5.	On the *Review FMLA Request* screen, you have several options:
	• To <u>submit</u> the request, click **Submit**
	• To <u>cancel</u> the request, click **Cancel**
	• To <u>save</u> what you have entered so far without submitting it, click **Save For Later**
	• To <u>go back</u> to the previous screen(s), click **Back**

Create FMLA: Review FMLA Request

Cancel | Printable Page | Save For Later | Back | Submit

Personalize Stack Layout: (perInfoHeader)

Employee Name **Sample, John**
Organization Email Address john.sample@montgomerycountymd.gov

Retirement Eligibility Date **07-Oct-2003**

Employee Number **0000**
Business Group **Montgomery County MD**
Context Value

FMLA Review Details

Personalize "FMLA Review Details"

	Proposed
Absence Status	
Absence Type	MCG FMLA Hours
Absence Category	FMLA
Absence Reason	Self
Start Date	03-Nov-2014
End Date	14-Nov-2014
Comments	Enter comments to FMLA administrator here.

Approvers

Details Line No	Approver	Approver Type	Order No	Category	Status	Delete
⊞ Show 1	MCG FMLA Approver	Position Control Roles	1	Approver		🗑

Comments to Approver

Cancel | Printable Page | Save For Later | Back | Submit

Diagnostics Home Logout Preferences Help Personalize Page

6.	When you have successfully submitted the request, you will receive a confirmation at the top of the screen, and you will now see your request on the summary screen with a status of Pending Approval.

~ **End Process** ~

RETURNED FOR CORRECTION:

Below are instructions for what to do if your FMLA request is returned by the FMLA administrator for additional information.

1.	If the FMLA administrator returns your FMLA request due to missing information or for any other reason, you will receive an email notification explaining what information is missing/why the request is being returned to you. You have seven (7) calendar days to submit the required information. Upon logging into AccessMCG, you will see an item in your **Worklist** that states your request is **Returned for Correction**. Click on the link in the Worklist to open the request.

| 2. | Once the request is open, the note from the FMLA administrator stating why your request is being returned is visible in two places, at the top of the screen and in the Notes section under the *Action History* heading.

Click the **Continue Action** link toward the bottom of the screen (under the *Relation Applications* heading) to attach the requested documentation. |
|---|---|

Prepared for: Department of Human Resources / Occupational Medical Services – *How to Submit an FMLA Request Through Employee Self-Service*
Prepared by: Department of Technology Services / Enterprise Resource Planning / Change Management (rev. 11/16/2023)

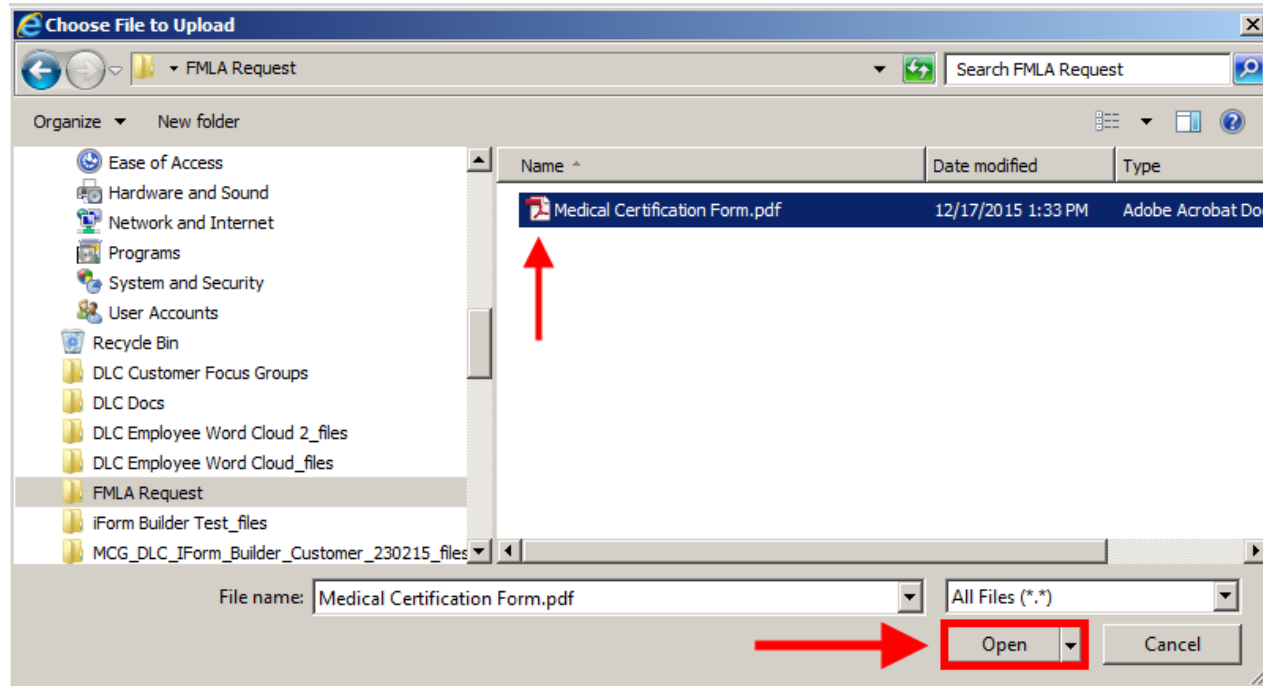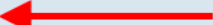|	
3.	Enter any comments to the FMLA administrator in the **Comments from/to Approver** field (optional). Click the **Add Attachment** button to attach a document to the request. <mark>IMPORTANT NOTE:</mark> **Be sure to keep a copy of any documents you attach to the request for your records. Once the FMLA administrator opens/saves your document, it will no longer be attached to the request.** **Comments from/to Approver** Completed medical certification for is now attached. Please contact me at john.sample@montgomerycountymd.gov with any questions. ← **Supporting Documents** ** Upload required medical certification forms/documentation ** **Add Attachment** ← Title Type Description Categc No results found.

4.	Enter a title for the document in the **Title** field (optional). Click the **Browse** button to find your document.
	
	Add Attachment
	
	Attachment Summary Information
	Optional → Title Medical Certification for John Sample ✕
	Description
	Category **Miscellaneous**
	
	Define Attachment
	Type ⦿ File [_____] [Browse...]
	      ◯ URL [_____]
	      ◯ Text

5.	Navigate to the document you want to attach to the request, click on the document, and click **Open**.
6.	Click **Apply** located to the far right of the screen. Note: if you have more documents to attached, click the Add Another button.

7.	You will see a confirmation at the top of the screen that your attachment has been added successfully, you will see your note to the FMLA administrator in the Comments box, and you will see your attachment under the Supporting Documents heading. Click **Next** located to the far right of the screen (not pictured). You will see a Warning message at the top of the screen asking you to review the dates; click **Next** again to continue (not pictured).

Confirmation
Medical Certification for John Sample attachment has been added successfully.

Create FMLA: Enter FMLA Details

Employee Name **Sample, John**
Organization Email Address john.sample@montgomerycountymd.gov

Retirement Eligibility Date **19-Feb-2008**

If you need additional information about FMLA or assistance with an FMLA leave request, please contact your respective FMLA administrator as stated below

MCG employees contact Occupational Medical Services at fmla.information@montgomerycountymd.gov

Circuit Court employees contact Court Administration at fmla@mcccourt.com

Sheriff employees contact the Sheriff's Office at shf.FMLARequest@montgomerycountymd.gov

FMLA leave is on a calendar year cycle; therefore, your FMLA request must be resubmitted after your first (1st) absence due to an FMLA qualifying absence in the new

* Indicates required field

Absence Status
* Absence Type MCG FMLA Hours
Absence Category FMLA
* Absence Reason Self
Duration * Start Date 17-Jun-2015
(example: 17-Dec-2015)
* End Date 01-Jul-2015
✔TIP Start Date is a required field

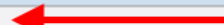**Comments from/to Approver**

Completed medical certification for is now attached. Please contact me at john.sample@montgomerycountymd.gov with any questions.

Supporting Documents

** Upload required medical certification forms/documentation **

[Add Attachment]

Title	Type	Description	Category
Medical Certification for John Sample	File		Miscellaneous

8.	Click **Submit**
	Create FMLA: Review FMLA Request

Cancel | Printable Page | Save For Later | Back | **Submit**

Employee Name **Sample, John**
Organization Email Address john.sample@montgomerycountymd.gov

Employee Number **0000**
Business Group **Montgomery County MD**
Context Value

Retirement Eligibility Date **19-Feb-2008**

FMLA Review Details

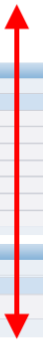|	Proposed
Absence Status	
Absence Type	MCG FMLA Hours
Absence Category	FMLA
Absence Reason	Self
Start Date	17-Jun-2015
End Date	01-Jul-2015
Comments	Completed medical certification for is now attached. Please contact me at john.sample@montgomerycountymd.gov with any questions.

Approvers

Details Line No	Approver	Approver Type	Order No	Category	Status	Delete
⊞ Show 1	MCG FMLA Approver	Position Control Roles	1	Approver		🗑

Cancel | Printable Page | Save For Later | Back | **Submit**

Home Logout Preferences Help |
| | **~ End Process ~** |