

Applying for FMLA is now easier than ever with our new eFMLA portal! These screenshots and tips are meant to be helpful and guide you through the process. If you have any questions, please reach out to Nicole Beckham, beckhan@dearbornschools.org.

Once you have clicked on the link available on the website, you will complete this first part of the leave request and click Submit:



Dearborn Public Schools Employee FMLA Leave Request

 Note: * Please fill out all required fields below.

Step 1: Complete the information below and Click Submit.

Date: 06/14/24
Salutation:
* First Name:
* Last Name:
Employee #:
* Email:

 Note: The email address above should be the email that you use to communicate with Dearborn Public Schools.

 Please be advised that you must follow our usual and customary notice and procedural requirements for requesting leave.

©2024 eFMLA | Email: support@efmla.com | Phone: 855-488-FMLA
Designed & Hosted by [Earthcare Technologies, Inc.](http://EarthcareTechnologies.com)

If the information is correct, click 'Send Form'. If the information is incorrect, click 'Back' and make corrections.

**FMLA**[®] ELECTRONIC FAMILY & MEDICAL
LEAVE MANAGEMENT
MADE EASY

Employee FMLA Request (Continued)

Important: You have successfully created an FMLA Leave Request Link to be sent to your email.

 Please click the 'Send Form' button below and then **Check your Email** to complete your electronic FMLA Leave Request form.

Date: 06/14/2024
Salutation: Ms.
First Name: Nicole
Last Name: Beckham
Employee: ██████████
Email: beckhan@dearbornschools.org

If everything above is correct, click 'Send Form' below, else [Back](#)

[Send Form](#)

© 2024 eFMLA | Email: support@efmla.com | Phone: 855-488-FMLA
Designed & Hosted by [Earthcare Technologies, Inc.](#)

Next, you will receive an email (see example below). You will need to click the link in the email to complete and submit the request form.

Nicole Beckham's Leave Request Form External Inbox x

FMLA-Administrator@efmla.com
to me ▾

8:36 AM (1 minute ago) 1

Dear Nicole Beckham,

In accordance with our leave policy, we are providing you with an electronic Leave Request Form. Please click on the link below to complete and submit your request.

- [Start your Leave Request](#)

Please Click on the Link above to use your form.

Note: Do not reply to this email. This is an unmonitored address, and replies to this email cannot be responded to or read. For inquiries relating to your leave, please contact your employer.

Thank you,

You will now be directed to the eFMLA Leave Request Form (see example below). Please fill in all applicable information and then click Send Form.

Please note the following:

1. If you select that it is your own serious health condition, you will need to answer if it is a work-related injury. Selecting yes means that you have filed a worker's compensation claim.
2. If you feel like none of the leave options fit (Personal Serious Health Condition, caring for a family member, childbirth, adoption, or the military options) there is a section where you can choose other. **Please email Nicole Beckham first before completing your request if choosing 'Other'.**
3. Actual or Anticipated Leave State Date : If you are requesting intermittent leave, this is where you will add the date you wish for your FMLA to become effective. If you are requesting a continuous block of time off, this will be the first date of your leave.
4. A reduced work schedule is NOT the same as intermittent leave. **If you think you may need a reduced work schedule, please email Nicole Beckham first to inquire about it.**



**Dearborn Public Schools
Employee Request for FMLA 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.

Employee Information

* First Name:	Nicole
* Last Name:	Beckham
Employee #:	
Address:	<input type="text" value="Street Address"/>
Apartment:	<input type="text" value="Apartment"/>
City:	<input type="text" value="City"/>
State:	<input type="text" value="State"/>
Zip Code:	<input type="text" value="Zip Code"/>
* Phone #:	<input type="text" value="Phone Number"/>
* Department/Role:	NCEX - Manager <input type="button" value="v"/>
* Location:	ASC <input type="button" value="v"/>
* Email Address:	beckhan@dearbornschools.org
Hire Date:	<input type="text" value="Choose a Date"/> <input type="button" value="calendar"/>

* Leave Reason

I request leave for the following reason (select one option below):

- The birth of a child and to bond with the newborn. ([More Info](#))

Date:  (Anticipated Date, Change to actual when known.)

- Placement of a child with you for adoption or foster care and bond with the newly-placed child.

Placement Date: 

- Your own serious health condition.

Is this a work-related injury or illness? Yes No

- You are needed to care for your family member due to a serious health condition. Your family member is your: ([More Info](#))

- Spouse Parent Child under age 18
 Child 18 years or older and incapable of self-care because of a mental or physical disability

Briefly describe the care you will provide to your family member (*Check all that apply*)

- Assistance with basic medical, hygienic, nutritional, or safety needs Transportation
 Physical care Psychological comfort Other:

Other Care

- A qualifying exigency arising out of the fact that your family member is on covered active duty or has been notified of an impending call or order to covered active duty status in the Armed Forces (including a member of the National Guard or Reserves). Your family member on covered active duty is your: ([More Info](#))

- Spouse Parent Child of any age

- You are needed to care for your family member who is a covered servicemember with a serious injury or illness (Military Caregiver Leave). ([More Info](#)) The servicemember is your:

- Spouse Parent Child Next of Kin ([More Info](#))

- Other:

Briefly describe the reason you are requesting leave.

*** Leave Schedule/Dates:**

Actual or Anticipated Leave Start Date:  [\(More Info\)](#)

Select one or more of the three options below regarding the amount of leave needed:

Leave Request is for a Continuous Block of Time: [\(More Info\)](#)

Anticipated Return to Work Date: 

Leave Request is for Intermittent Leave: [\(More Info\)](#)

Dates of Leave (if known).

Leave Request is for a Reduced Work Schedule: [\(More Info\)](#)

Duration of reduced work schedule: From  through 

I will be able to work:

E.g., Up to 4 hours per day, up to 2 days per week and/or up to 20 hours per week.

Is reduced schedule or intermittent leave for planned medical treatments (scheduled medical visits)?

Yes No N/A

List treatment schedule, along with the dates of any scheduled appointments and the time required for each appointment, including any recovery period.

Spouse Employment

Is your spouse employed by us? Yes No Name

Additional Info

Do you wish to include any additional information? Yes No

Digital Signature of Employee

Signature: By checking this box, entering my full name and clicking on 'Send Form' below, I am digitally signing this electronic form and certify that the information I provided above is true and correct.

Enter Full Name:

Date: 06/14/2024

[Send Form](#)

The form is sent to Nicole Beckham, who will confirm you are eligible. Once deemed eligible, you will receive a new email with instructions on how to create your login for the eFMLA system and how to send the paperwork to your physician's office. The email looks like this:

From: FMLA-Administrator@efmla.com
Sent: 07/30/2024, 13:45:27
To: beckhan@dearbornschools.org
Subject: Your FMLA Information

Dear Nicole Beckham,

In accordance with the Family and Medical Leave Act ("FMLA"), we are providing you with a secure login to view electronic notice(s), form(s) and other document(s) (if applicable), related to your recent, current or upcoming leave. **Please use the link below to set a password for your eFMLA account.**

[Set Your Account Password](#)

Once you set your password, you will be prompted to login to your account to access your eFMLA Employee Dashboard portal. **Please review the notice(s), form(s) carefully, and complete and process/submit any forms as requested.**

The items listed below are currently accessible through your Employee Dashboard portal.

Notice(s)/Form(s)/Document(s) included:

- Eligibility Notice
- Employee's Serious Health Condition

*** NOT ALL LINKS WILL BE ACTIVE FOR CC'ed FORMS. ***

If you have received a CC'd version of this email, certain forms will not be accessible (e.g., any medical certification form). Such restricted forms are only accessible to the employee through the Employee Portal.

Do not reply to this email. This is an unmonitored address, and replies to this email cannot be responded to or read. For inquiries relating to your FMLA leave, please contact your employer.

Thank you,
Nicole Beckham
3138277868

After you create your password and login to the eFMLA portal, you are taken to the Employee Dashboard. Here is where you will see all the forms that have been completed and what still needs to be completed. The photo below shows that I need to complete the Employee's Serious Health Condition form:



Employee Dashboard

Nicole Beckham from Dearborn Public Schools

[Change Password](#) | [Logout](#)



Please click the link of the form you would like to view or complete. Completion Status is tracked in the "Employee" and "Health Care Provider" columns, which indicate whether each form has been completed by the employee or health care provider respectively.

Symbol Key:

- ✓ - Form completed.
- ✗ - Form not completed yet. Click on the associated form name below and follow the directions.
- ✓ - You have completed your section of the certification form and awaiting completion by the health care provider.

FMLA Request 1 - 06/14/2024

[View Leave](#) [Email History](#) [Fax History](#) [Leave Request Info](#) [Uploaded Documents](#) [Instruction Guide](#)

Document Name	Employee	Health Care Provider	Action
Eligibility Notice	View Only	N/A	View
Employee's Serious Health Condition	✗	✗	Fill out form

When you click the link to complete the Employee's Serious Health Condition, you will need your physician's contact information to input into the form. You must have either the fax number or the email address. If you do not have the email address or your physician will not accept it by email, please make sure to input the fax number and check the box that states they will not process through email. Click Continue.



Certification of Health Care Provider for Employee's Serious Health Condition under the Family and Medical Leave Act

Section II: Health Care Provider Information (To be completed by the employee)

The FMLA authorizes an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of the employee. Complete the section of this form below regarding your health care provider and click 'Continue' to email the form to the health care provider for completion. If your health care provider will not accept the certification form through email, check the box below, and follow the instructions to submit the form to the health care provider by other means.

Your health care provider's contact information

Health Care Provider's Name:

Dr. ABCDEFGHIJ

TUVWXYZ

Phone:

313-555-5555

Fax:

313-555-5555

Email:

Healthcare Provider's Email

- Check this box if the health care provider will not process certification form(s) through email.** After checking this box, the email field will no longer be required. Please click 'Continue' and follow the instructions at the top of the page. You will have the option of faxing directly through eFMLA (without the need of a physical fax machine) or printing this form to deliver to your health care provider.

Digital Signature of Employee

Signature:

- By checking this box, entering my full name and clicking on 'Continue' below, I am digitally signing this electronic form and certify that the information I provided above is true and correct.

Enter Full Name:

Full Name

Date:

07/30/2024

Continue

Your physician's office now has the paperwork and will complete it and fax it back to us. Once we receive the completed paperwork, you will receive an email that contains the FMLA approval/denial.