

State of Connecticut Human Resources
CORE CT Coding

**For Leave of Absence Under the Federal Family and Medical Leave Act (FMLA)
 And/or State C.G.S. 5-248a (Family and medical leave from employment)**
(To be completed by the Human Resources Unit)

Form #: **FMLA-HR2c**
 Revision Date: 8/2009

This form is to be completed by Human Resources when the employee has been approved for federal FMLA and/or state C.G.S.5-248a leave entitlement and is attached to the employee's HR2b – Designation Notice.

Employee Name: _____ Agency: _____ Date: _____
 Employee ID Number: _____ Supervisor's Name: _____

The following is a list of CORE CT codes and timeframes to be used for your leave entitlement. Remember: When calling in, you must specify "FMLA".

You have been approved for: *(check items that apply)*

____ **Federal FMLA:** ____ **Intermittent;** ____ **Reduced Schedule;** ____ **Block Leave**
 ____ Self; ____ Caregiver; ____ MFL Caregiver; ____ MFL Exigency
 From _____ To _____

____ **State family medical leave (C.G.S. 5-248a)**
 ____ Self; ____ Caregiver
 From _____ To _____

____ **Both federal FMLA and state family medical leave (C.G.S. 5-248a)**
 ____ Self; ____ Caregiver; ____ MFL Caregiver
 From _____ To _____

CORE Code	Description	From	To	Priority

ADDITIONAL INFORMATION:

Cc: Human Resources, Payroll, Manager/Supervisor