

# 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.”

**FMLASource®**  
Log In

**STAY AHEAD** of FMLA Administration  
Welcome to FMLASource®

FMLASource is a ComPsych Corporation company that specializes in reviewing, approving, processing and tracking FMLA leave requests with the oversight of expert legal staff. FMLASource helps assure compliance with state and federal law, consistency in processing and coordination, and facilitates communication to supervisors, managers, HR and employees.

FMLASource is pleased to provide an easy and convenient online way to request, track and manage family and medical leave.

Employees can:

- Request leave
- Check eligibility for leave
- Download medical certifications
- Check the status of a leave request
- Keep track of leave time
- Learn about federal FMLA regulations

HR Managers and Current Customers can:

- Track requests
- Confirm eligibility
- Check compliance
- Verify medical certification
- Receive FMLA training
- Stay current on state and federal FMLA regulations

**LOG IN**  
User Name  
  
Password  
  
Log In  
Register  
I forgot my username  
I forgot my password  
Para Español

ComPsych®  
Learn more about how FMLA administration can be integrated with EAP, Work-Life and wellness to manage time off and improve employee productivity.

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Supported Browsers Terms of Use

## Registration: Step 1

Enter your employee ID and zip Code (Work or home).

**FMLASource®**  
Login

Registration - Step 1 of 3

Employee Number

Postal Code   
Work, Home or Alternate postal (ZIP) code

## Registration: Step 2

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



Next

### Registration - Step 2 of 3

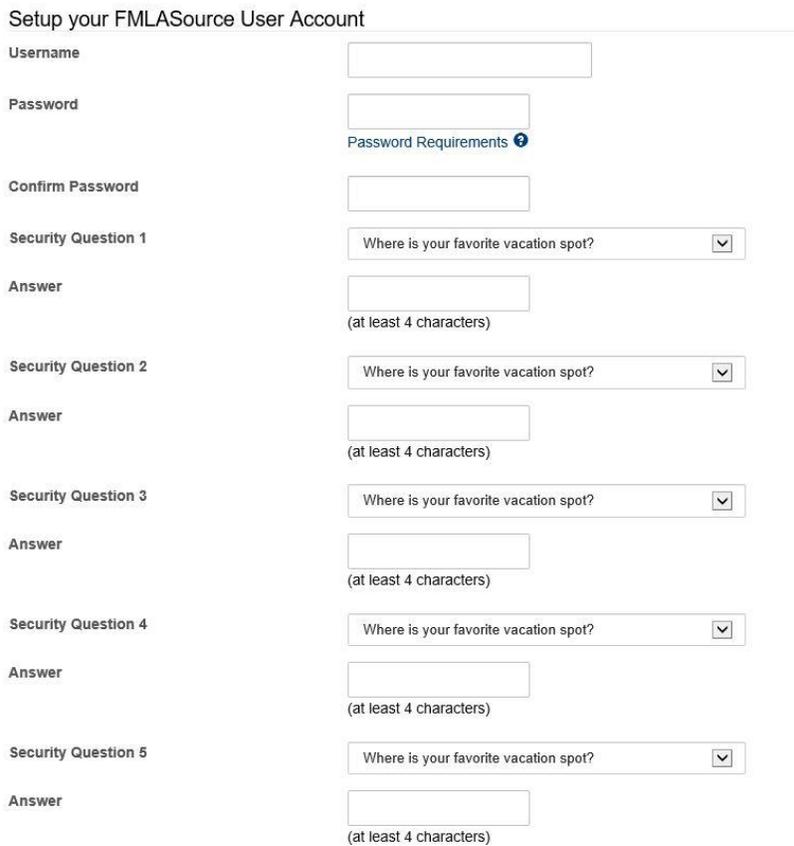
#### Setup your FMLASource User Account

Are you Cindy Fmla?

Yes No

## 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.



Setup your FMLASource User Account

Username

Password   
Password Requirements ⓘ

Confirm Password

Security Question 1  ▼

Answer   
(at least 4 characters)

Security Question 2  ▼

Answer   
(at least 4 characters)

Security Question 3  ▼

Answer   
(at least 4 characters)

Security Question 4  ▼

Answer   
(at least 4 characters)

Security Question 5  ▼

Answer   
(at least 4 characters)

Next, provide the best contact information where FMLASource can reach you.

How should we contact you?

Send My Correspondence By  ⓘ

Auto-Notification Method  ⓘ

Personal E-mail Address

Mobile Phone Number  
(Required for text notifications)

Allow text notifications from FMLASource

Accept Terms of Use

Compsych Corporation and its affiliates use reasonable care in providing information and resources. However, Compsych does not guarantee that the information or resources are up to date, accurate or complete. If you find an error, please notify ComPsych.

Accept

## 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:

12/11/2015



Employee Name:

John Smith

Employee Number:

112414

Mailing Address:

500 W. Barry  
Chicago, IL 60657  
United States

Primary Phone Number:

Home - (555) 555-5555

[Change Phone](#)

[Update Address](#)

**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 Donation](#)



[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

Other

Please briefly describe the condition that you are requesting leave for. If unknown, type unknown

Neck Surgery

Is this condition worker's compensation related?

Please select



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.

Health Care Provider (HCP) Contact Information

Please provide contact information for the healthcare provider who will certify your leave of absence. Once your eligibility is confirmed, we will be able to fax your paperwork directly to the provider's office. If you fail to provide this information, processing your request may be delayed if we are unable to contact the provider.

Attention

Facility Name

First Name

Last Name

Specialty

May we contact your HCP?  Please select

---

Do you want us to fax your forms to your HCP?  Please select

---

Phone Type	Country Code	Number	Extension
Office	<input type="text"/> United States	<input type="text"/> (###) ###-####	<input type="text"/>

---

Phone Type	Country Code	Number	Extension
Mobile	<input type="text"/> United States	<input type="text"/> (###) ###-####	<input type="text"/>

---

Phone Type	Country Code	Number
Fax	<input type="text"/> United States	<input type="text"/> (###) ###-####

### 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.

**Date Range:**

Begin Date:  

End Date:  

**Please select the type of leave you are requesting:**

Continuous   
Anticipated Last Date Worked:  

Reduced   
Requested reduced work schedule (hours/day):

Intermittent 

**Please specify correspondence method:**

Send My Correspondence By:  

Personal E-mail Address:

Personal E-mail Address (confirm):



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.

#### FMLASource® Initial Leave Request Form Submission

Thank you, John Smith for submitting your FMLA leave request. We try to respond in writing to all leave requests within 48 hours.

Your FMLA leave request reference number is **1295586**. Print and save this page for future reference.

If you have any questions, contact us via E-mail: [FMLACenter@fmlassource.com](mailto:FMLACenter@fmlassource.com)

Use the FMLA leave request reference number above when you call or write.

Your request has been submitted to FMLA Source and if eligible, you will receive a Leave Request packet and medical certification via email within 48 hours. If you chose the postal option, it will take several days to receive your letter and medical certification. If you have an appointment with your health care provider within the next 24 hours, click the following link to print a medical certification. Please be sure to include your name and leave request number on the form.

Medical Certifications 

If you do not receive your letter and medical certification within 7-10 days, contact FMLASource immediately.

#### FMLASOURCE

NBC Tower - 13th Floor  
455 N. Cityfront Plaza Drive  
Chicago, IL 60611-5322  
E-mail: [FMLACenter@fmlassource.com](mailto:FMLACenter@fmlassource.com)

Phone: 877-GO2-FMLA

[Click here to view your FMLA Contacts](#)

## 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

[View Time](#)

[Report Time](#)

[Add New Request](#)

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.

Id #	Requested Date Range	Type - Reason	Taken For	Status/Reason
1295586	12/01/15 - 11/30/16	Employee's Serious Health Condition - Leave	Self / Employee	Requested - Pending Review
1104783	11/02/15 - 12/11/15	Employee's Serious Health Condition - Leave	Self / Employee	Approved - End of Leave Confirmed
1164488	05/11/15 - 05/10/16	Employee's Serious Health Condition - Leave	Self / Employee	Approved

## 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.

I want to:



### My Absence Information

[View My Leave Requests](#)

[Add New Leave Request](#)



### Actions

[Work on Behalf of](#) ←



### Reports

[Generate Reports](#)

## Work on Behalf of Employee

Last Name or Employee Number is required, First Name is optional.

Last Name

First Name

Employee Number

[Back](#)

[Search](#)

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.

[View Time](#)

[Add New Request](#)

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.

Id #	Requested Date Range	Type - Reason	Taken For	Status/Reason
1089535	07/01/15 - 07/24/15	Employee's Serious Health Condition - Leave	Self / Employee	Closed