## 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 #: <u>FMLA-HR2c</u> Revision Date: 10/2016

Revision Date: 1	<u>0/2016</u>						
248a leave entitle compensation abs	e completed by Human R ement and is attached to t sence is counted against	the employee's HR2b – the employee's federal F	Designation Not MLA entitleme	ice. This form cannt.	also be used when a v	workers'	
Employee Name:			Agency:		Date:	Date:	
Employee Name:Supervis			or's Name: _				
_	s a list of CORE CT connen calling in, you must		o be used for y	our leave entitlen	nent.		
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	leral FMLA and Stat Self; Caregion	ver;MFL Caregi	ver Covered So	ervicemember; _	MFL Qualifying	Exigency	
	mily/Medical Leave (6 Self; Caregion	ver;MFL Caregi	ver Covered Se	ervicemember;	MFL Qualifying	Exigency	
	6a-60(a) (7) – Pregnan		or state family	medical leave).	fy for federal		
CORE Code	Description		From	То	Priority		
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ADDITIONAL INFORMATION:

**PLEASE NOTE**: This will be the only REMINDER of your family and medical leave (federal FMLA or state C.G.S. 5-248a) end date. If you require continued leave or additional leave when your leave entitlement expires, it is your responsibility to submit a new medical certificate (P33a or P33b) in conjunction with an anticipated absence. Approval shall not be retroactively applied if leave documents are not received timely.