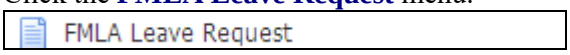
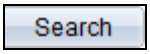
Indiana State Personnel Department

Job Aid

Family Medical Leave

Manager: How to Submit an FML Request on Behalf of Employee

Step	Action
1.	Navigate to this website to begin: https://hr.gmis.in.gov/psp/hrprd/?cmd=login Enter your **User ID** and **Password** into the appropriate field. A user ID is comprised of the first letter of the learner's first name (use a capital letter) plus the last six digits of the PeopleSoft ID number. For assistance with your password, contact the IOT Helpdesk at 317-234-HELP or (800)-382-1095.
2.	Click the **Main Menu** button.
3.	Point to the **Manager Self Service** menu.
4.	Point to the **Leave of Absence** menu.
5.	Click the **FMLA Leave Request** menu. 
6.	Click the **Search** button. **NOTE:** Only the employees reporting to the manager who have previously submitted an FML request will be in the search results. 
7.	Click the **Empl ID** link next to the employee for which you are submitting the FML request. You can then proceed to step #14. **NOTE:** If the employee is not in the list proceed to step #9 to look them up.
8.	Click the **Magnifying Glass** button to search for an employee who has yet to submit an FML request.

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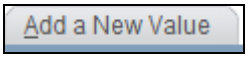
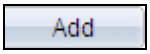
9.	You can search by Empl ID, Name, or Department to locate an employee and then click **Look Up**.
10.	Review the list and click the **Empl ID** link next to the employee for which you are submitting the FML request.
11.	Click the **Add a New Value** tab. 
12.	Click the **Add** button to complete the FML request. 
13.	Review the Instructions for Using Family-Medical Leave (FML) and then scroll down to the bottom of this page and click the **I Read** button.
14.	Click the scrollbar down to review.
15.	Click the **I READ** button.
16.	If the employee has submitted prior FML Requests and you are now submitting a new request on their behalf, please click the **New FMLA Request** link. If the employee has never submitted an FML Request, please continue to the next step. Click the **New FMLA Request** button.
17.	Please confirm that the employee's home address, e-mail address, and phone number are correct. YOU MUST INCLUDE AN ACTIVE EMAIL ADDRESS TO SUBMIT A REQUEST. If the employee has not provided a work or other email address, you must enter your own work email address and then you are responsible for sending any FML notices which you receive to the employee. Click the **Question Mark** link for additional information on how to make changes to any contact information specific to the FML request being submitted.
18.	Select the desired **FMLA Request Reason** from the available options. Continue selecting from the drop down boxes as they populate. Click the **FMLA Request Reason** object.
19.	For this example we will select Serious Health Condition. Click the **Serious Health Condition** list item.

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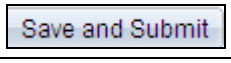
20.	You will notice that an additional information box has populated and needs to be completed to submit this request. Click the **Serious Health Condition Relation** list.
21.	For this example, we will click the **Employee** list item.
22.	You will notice that an additional information box has populated and needs to be completed to submit this request. Click the **Serious Health Condition Option** list.
23.	For this example, we will click the **Other Serious Health Condition** list item.
24.	Select the desired **Leave Type** from the available options.
25.	For additional information on the type of FMLA leave needed click on the **Question Mark** button.
26.	For this example, we will click the **Intermittent** list item.
27.	Enter the date the selected leave type is anticipated to begin. Click the **Calendar** button.
28.	For additional information on the Begin Date click on the **Question Mark** button.
29.	Click the list.
30.	For this example, we will click the month of **July**.
31.	For this example, we will select **20** from the calendar.
32.	Once you have selected the **Leave Type** and **Begin Date** appropriate for the employee's situation, you may be asked to provide additional information about the employee's leave request. You can do this by providing the information in the text box directly below the **Leave Type** Field. Click in the **Text Box** field.
33.	Click the **Save and Submit** button. 

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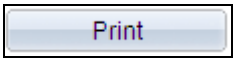
34.	After you have submitted the request you will want to print a copy and provide to the employee. The FML Request ID number (e.g. 001) will be located at the top of the printout and will be needed to submit time in Time and Labor. Click the **Print** button. 
35.	Click the **Sign out** link.