State of Connecticut Human Resources

CORE CT Coding

For Family and Medical Leave Entitlements

(To be completed by the Human Resources Office)

Form #: <u>FMLA-HR2c</u> Revision Date: 3/2018

This form is to be completed by Human Resources when the employee has been approved for federal FMLA, state FMLA, SEBAC Supplemental leave, pregnancy disability leave, and/or organ or bone marrow donor leave. It should be given to the employee and the employee's supervisor and/or manager. Employee Name: ______ Agency: ______ Date: _____ Employee ID Number: Supervisor's Name: The following is a description of the timeframes of your leave entitlement(s) and a list of the Core-CT codes to use during your leave. You have been approved for: **Federal FMLA:** ____Intermittent ____ Reduced Schedule ____Block Leave ____Concurrent with Workers' Compensation Dates: From ______To ____ Description of Reduced Schedule and/or Anticipated Frequency and Duration of Intermittent Leave: State FMLA: ____Intermittent ____Reduced Schedule ____Block Leave ____ Concurrent with Workers' Compensation **Dates:** From ______To _____ Description of Reduced Schedule and/or Anticipated Frequency and Duration of Intermittent Leave: **SEBAC 2017 Supplemental Leave:** _____Block Leave _____Reduced Schedule Leave (bonding only) **Dates:** From ______ To_____ **Description of Reduced Schedule:**

Pregnancy Disability Leav	ve	
Dates: From	To	
Organ or Bone Marrow D	Oonor Leave	
Dates: From	To	

CORE Code	Description	From	To	Priority

NOTE: If you require 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 on a timely basis.

cc: Human Resources, Payroll, Manager/Supervisor