

ARIZONA STATE PERSONNEL SYSTEM

FMLA HRIS ENTRY FORM

Select one: Initial Set-up Change Leave Record # _____

EMPLOYEE INFORMATION

Employee's Full Name (Last, First, MI)	EIN
Alternate Mailing Address (if different from home address)	

FMLA DATES

FMLA Start Date	FMLA End Date
Employee FMLA Request Date	Employee Return to Work Date

REASON FOR FMLA

TYPE OF FMLA LEAVE

FMLA LEAVE STATUS

Did the employee use any FMLA hours in ETE while they were in pending status? YES NO

NOTIFICATION DATES

Request for FMLA received on	Physician Certification received on
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DOCUMENT DATES

Notification of Rights – Date Sent	Date Manager Notified of FMLA Request / Determination
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AGENCY CONTACT INFORMATION

Agency Name	
Agency FMLA Coordinator	
FMLA Coordinator Phone	FMLA Coordinator Email

Email completed form to humanresources@azdoa.gov

THIS FORM IS FOR HRIS DATA ENTRY ONLY

It is the Agency's responsibility to verify that the employee is eligible for FMLA, track the employee's FMLA time and report any changes that would affect HRIS accessibility/entry.