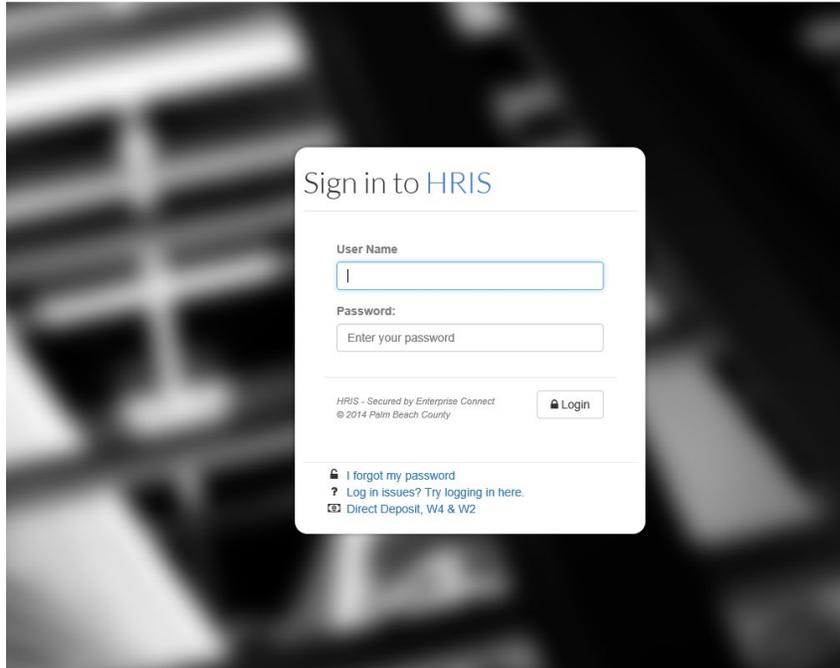


# Emergency FMLA Intake Demo for FMLA Admin

## The online process for Emergency FMLA (EFMLA):

1. Employees will complete their intake form on the HRIS Home Access system which can be logged into from anywhere on any kind of device or browser available through the link:

<https://secure.co.palm-beach.fl.us/hris/>



2. In the HRIS Home view page, the employee will see a button for EMERGENCY FMLA INTAKE – click on it



## Welcome to HRIS Home View

Please choose one of the options below



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- The Emergency FMLA Intake form screen will open. The user's information (i.e., name, employee ID, etc.) will display at the top of the form. In this top section, the user will need to enter a phone number where they can be reached.

EMPLOYEE: ██████████	EIN: ██████	HOURLY RATE: ██████	PHONE: 888-221-1234 X
JOB TITLE: Senior Programmer	DEPARTMENT: ISS	DIVISION: ISS Application Services (APS)	HRS PER WEEK: 40

- Following the top section there is eight questions that the user needs to respond to and a section for comments.

1 - Have you been employed for 30 days or longer?  
 YES  NO

2 - Are you unable to work due to care for your child?  
 YES  NO

3 - Is your child under the age 18?  
 YES  NO

4 - Is your child's school or childcare provider unavailable due to COVID-19?  
 YES  NO

5 - Are you opting to use accrued leave to cover the 10 day unpaid period?  
 YES  NO

6 - Are you utilizing Emergency Paid Sick Leave to cover the 10 day unpaid period?  
 YES  NO

7 - How many hours are you ordinarily scheduled to work?

8 - Documentation provided?  
 YES  NO

Comments

- The user then must attach a document before sending the intake form.

I acknowledge that I have read and understand the above information. I certify that to the best of my knowledge the information I have provided on this form is truthful and accurate.

Attachments

Choose a file...

Document Name	Action
---------------	--------

- The document the user uploaded will display at the bottom and a DELETE button is given in case an error was made.

Document Name	Action
G:\AP12\Sharepoint\Comp & Records\EPSL Intake.pdf	<input type="button" value="Delete"/>

- Click on the Save Change and an email with your form and documentation attached will be sent to Human Resources/FEP at [HR-FEP@pbcgov.org](mailto:HR-FEP@pbcgov.org). Selected employee information, balances and any existing Earning Codes will be displayed.

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8. The email will arrive at the [HR-FEP@pbcov.org](mailto:HR-FEP@pbcov.org) inbox as demonstrated below:

The email contains a PDF attachment titled "HDisaster Recoverycovidstick document.pdf" (190 KB). The subject is "Emergency FMLA Intake - Labiano, Marie". The form includes the following fields and questions:

**EMPLOYEE:** [REDACTED]    **EIN:** 1302    **HOURLY RATE:** 34.908    **PHONE:** (855) 211-1234

**JOB TITLE:** Senior Programmer    **DEPARTMENT:** ISS    **DIVISION:** ISS Application Services (APS)    **HRSPERWEEK:** 40

**Group A EVENTS: SELF**

1. Are you under a Federal, State, or Local Quarantine Order related to COVID-19? NO
2. Has your healthcare provider advised you to self-quarantine due to concerns related to COVID-19? YES
3. Are you experiencing symptoms of COVID-19 and seeking a medical diagnosis? YES

**Group B EVENTS: OTHERS**

4. Are you caring for an individual under a Quarantine order related to COVID-19? NO
5. Are you caring for your own child due to childcare or school closures related to COVID-19? NO
6. Are you experiencing symptoms otherwise specified by the Secretary of Health & Human Services? NO

**7. Have you applied for and received Emergency FMLA? YES**

**8. Documentation provided? YES**

**COMMENTS**

I'm not feeling well.

I acknowledge that I have read and understand the above information. I certify that to the best of my knowledge the information I have provided on this form is truthful and accurate.

**Labiano, Marie**    3/31/2020  
Employee Name    Date

Employee Signature

**FOR FEP USE ONLY**

Is this position eligible for Telework: ( ) YES ( ) NO    FEP STAFF name: \_\_\_\_\_

REQUEST: ( ) APPROVED ( ) DENIED

FEP STAFF: \_\_\_\_\_

9. The email will include any documentation that the user uploaded and attached.
10. The admin will also be able to search for the intake forms at the EFMLA/EPSSL Search screen in HRIS. This can be found under DEPARTMENT/ EFMLA/EPSSL Search.

The screenshot shows the HRIS navigation menu with the following items:

- Employee-
- Department-
- HR-
- Risk Management-
- Code Tables-
- Reports-
- System Admin-

The 'Search' menu is open, showing a list of options. 'EFMLA/EPSSL Search' is highlighted. Other options include: NER, Manage Supervisors, Personnel Action, HR Contacts, Position, Maintain ADA, Manage Re-Org, Org Structure, Org Structure Tree, Send Notification, Mileage Reimbursement, Reclass, Tuition Reimbursement, EDRP Work Assignment, and Help.

The 'Search Employee' screen is also visible, with fields for Div/Sec, Last Name, and Position#, and a 'Show Inactive Employees' checkbox. Search and Clear buttons are present.

Current Time: 01:50:05 PM    Home | Desktop | Inbox | Back | Change Password | Email Us | Report Error | Log Off

11. The EFMLA/EPSSL Search will open, and one can search by either Department, division, job title, employee number, first and last name.

The EFMLA / EPSSL Search form has the following fields:

**Department:** Information Systems Services

**Job Title:** -- Select from here --

**First Name:** First Name

**Division:** ISS Application Services (APS)

**Employee #:** 1302

**Last Name:** Last Name

Search    Clear

# Emergency FMLA Intake Demo for FMLA Admin

12. The results will display with the employee's information and the form type that has been received.

Employee Name	Employee #	Department	Job Title	Date Extended	EFMLA	EPSS
[REDACTED]	1302	ISS	Senior Programmer	03/31/2020	EFMLA	
	1302	ISS	Senior Programmer	03/31/2020		EPSS
	1302	ISS	Senior Programmer	03/31/2020		EPSS

13. By clicking on the link, the intake form will open in HRIS, allowing for review and printing.

**EMERGENCY FMLA INTAKE**

EMPLOYEE: [REDACTED] EIN: 1302 HOURLY RATE: [REDACTED]  
JOB TITLE: Senior Programmer PHONE: [REDACTED]  
DEPARTMENT: ISS DIVISION: ISS Application Services (APS) HOURS WORKED PER WEEK: 40

1. Have you been employed for 30 days or longer?  
[YES](#)
2. Are you unable to work due to care for your child?  
[NO](#)
3. Is your child under the age 18?  
[NO](#)
4. Is your child's school or childcare provider unavailable due to COVID-19?  
[NO](#)
5. Are you opting to use accrued leave to cover the 10 day unpaid period?  
[YES](#)
6. Are you utilizing Emergency Paid Sick Leave to cover the 10 day unpaid period?  
[NO](#)
7. How many hours are you ordinarily scheduled to work?  
40
8. Documentation provided?  
[YES](#)

COMMENTS:  
[I want to stay home.](#)

Documents

FileName	
G:\AP12\Sharepoint\Comp & Records\EFMLA intake.pdf	<a href="#">View</a>
G:\AP12\Sharepoint\Comp & Records\EFMLA intake.pdf	<a href="#">View</a>

I acknowledge that I have read and understand the above information. I certify that to the best of my knowledge the information I have provided on this form is truthful and accurate.

Employee Name: [REDACTED] Date: 03/31/2020 Employee Signature:

[Print](#) [Close](#)