

State of Connecticut Human Resources
CORE CT Coding
For Medical Leave, Family Leave or Military Family Leave
(To be completed by Human Resources)

Form #: **FMLA-HR2c**
Revision Effective Date: 1/1/2022

Employee Name: _____ **Employee ID Number:** _____
Agency: _____ **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. 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.

You have been approved for:

____ **Federal FMLA:** _____ Self _____ Caregiver: Relationship to Employee _____
_____ 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:** _____ Self _____ Caregiver: Relationship to Employee _____
_____ Intermittent _____ Reduced Schedule _____ Block Leave _____ Concurrent with Workers' Compensation
Dates: From _____ To _____

____ **SEBAC 2017 Supplemental Leave:**

_____ Self _____ Caregiver: Relationship to Employee _____
_____ Block Leave _____ Reduced Schedule Leave
Dates: From _____ To _____

____ **Pregnancy Disability Leave**

Dates: From _____ To _____

____ **Organ or Bone Marrow Donation Leave**

Dates: From _____ To _____
