

State of Connecticut Human Resources
CORE CT Coding
For Family and Medical Leave Entitlements
(To be completed by the Human Resources Office)

Form #: **FMLA-HR2c**
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:

