

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

Form #: **FMLA-HR2c**  
Revision Date: 11/2017

This form is to be completed by Human Resources when the employee has been approved for federal FMLA, state C.G.S. 31-51kk and/or Supplemental 2017 SEBAC leave entitlement and is attached to the employee’s HR2b – Designation Notice. This form can also be used when an employee is approved for pregnancy disability leave.

Employee Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Supervisor’s Name: \_\_\_\_\_

**The following is a list of CORE CT codes and timeframes to be used for your leave entitlement(s).**

**You have been approved for:** *(check items that apply)*

\_\_\_ **Federal FMLA:**

\_\_\_ **Intermittent;** \_\_\_ **Reduced Schedule;** \_\_\_ **Block Leave;** \_\_\_ **Workers Compensation**  
**Reason:** \_\_\_ Personal Medical Leave \_\_\_ Military Caregiver Covered Servicemember  
\_\_\_ Caregiver Leave \_\_\_ Military Caregiver Covered Veteran  
\_\_\_ Bonding Leave \_\_\_ Military Qualifying Exigency

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_ **State Family/Medical Leave (C.G.S. 31-51kk):**

\_\_\_ **Intermittent;** \_\_\_ **Reduced Schedule;** \_\_\_ **Block Leave;** \_\_\_ **Workers Compensation**  
**Reason:** \_\_\_ Personal Medical Leave \_\_\_ Military Caregiver Covered Servicemember  
\_\_\_ Caregiver Leave \_\_\_ Military Qualifying Exigency  
\_\_\_ Bonding Leave

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_ **Both Federal FMLA and State Family/Medical Leave (C.G.S. 31-51kk):**

\_\_\_ **Intermittent;** \_\_\_ **Reduced Schedule;** \_\_\_ **Block Leave;** \_\_\_ **Workers Compensation**  
**Reason:** \_\_\_ Personal Medical Leave \_\_\_ Military Caregiver Covered Servicemember  
\_\_\_ Caregiver Leave \_\_\_ Military Qualifying Exigency  
\_\_\_ Bonding Leave

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_ **C.G.S. 46a-60(a) (7) – Pregnancy Disability Leave** (Use if employee does **not** qualify for federal FMLA or state family medical leave).

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_ **SEBAC 2017 Supplemental Leave:**

\_\_\_ **Block Leave;** \_\_\_ **Reduced Schedule Leave**

**Reason:** \_\_\_ Personal Medical Leave

\_\_\_ Caregiver Leave

\_\_\_ Bonding Leave

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_ **Organ or Bone Marrow Donation Leave**

**Dates:** From \_\_\_\_\_ To \_\_\_\_\_

CORE Code	Description	From	To	Priority

**Additional Information:** *Please 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