

State of Connecticut Human Resources  
**CORE CT Coding**  
**For Leave of Absence under the Federal Family and Medical Leave Act**  
**(FMLA) And/or State Family/Medical Leave (C.G.S. 5-248a)**  
*(To be completed by the Human Resources Department)*

Form #: **FMLA-HR2c**  
Revision Date: 11/2016

This form is to be completed by Human Resources when the employee has been approved for federal FMLA and/or state C.G.S. 5-248a 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.**

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

\_\_\_\_ **Federal FMLA:** \_\_\_\_ **Intermittent;** \_\_\_\_ **Reduced Schedule;** \_\_\_\_ **Block Leave;** \_\_\_\_ **Workers Compensation**  
\_\_\_\_ Self; \_\_\_\_ Caregiver; \_\_\_\_ MFL Caregiver Covered Servicemember;  
\_\_\_\_ MFL Caregiver Covered Veteran; \_\_\_\_ MFL Qualifying Exigency  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_ **Both Federal FMLA and State Family/Medical Leave (C.G.S. 5-248a)**  
\_\_\_\_ Self; \_\_\_\_ Caregiver; \_\_\_\_ MFL Caregiver Covered Servicemember; \_\_\_\_ MFL Qualifying Exigency  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_ **State Family/Medical Leave (C.G.S. 5-248a)**  
\_\_\_\_ Self; \_\_\_\_ Caregiver; \_\_\_\_ MFL Caregiver Covered Servicemember; \_\_\_\_ MFL Qualifying Exigency  
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).  
From \_\_\_\_\_ To \_\_\_\_\_

CORE Code	Description	From	To	Priority

**ADDITIONAL INFORMATION:**

**PLEASE NOTE:** This will be the only REMINDER of your family and medical leave (federal FMLA or state C.G.S. 5-248a) end date(s). If you require continued leave or 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 timely.

Cc: Human Resources, Payroll, Manager/Supervisor