

State of Connecticut Human Resources  
**CORE CT Coding**

**For Leave of Absence Under the Federal Family and Medical Leave Act (FMLA)  
And/or State C.G.S. 5-248a (Family and medical leave from employment)**  
*(To be completed by the Human Resources Unit)*

Form #: **FMLA-HR2c**  
Revision Date: 5/2009

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This form is to be completed 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.

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

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

The following is a list of CORE CT codes and timeframes to be used for your leave entitlement. Remember: When calling in, you must specify "FMLA".

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

\_\_\_\_ **Federal FMLA:** \_\_\_\_ **Intermittent;** \_\_\_\_ **Reduced Schedule;** \_\_\_\_ **Block Leave**  
\_\_\_\_ Self; \_\_\_\_ Caregiver; \_\_\_\_ MFL Caregiver; \_\_\_\_ MFL Exigency  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_ **State family medical leave (C.G.S. 5-248a)**  
\_\_\_\_ Self; \_\_\_\_ Caregiver  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_ **Both federal FMLA and state family medical leave (C.G.S. 5-248a)**  
\_\_\_\_ Self; \_\_\_\_ Caregiver; \_\_\_\_ MFL Caregiver  
From \_\_\_\_\_ To \_\_\_\_\_

| CORE Code | Description | From | To | Priority |
|-----------|-------------|------|----|----------|
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**ADDITIONAL INFORMATION:**

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Cc: Human Resources, Payroll, Manager/Supervisor