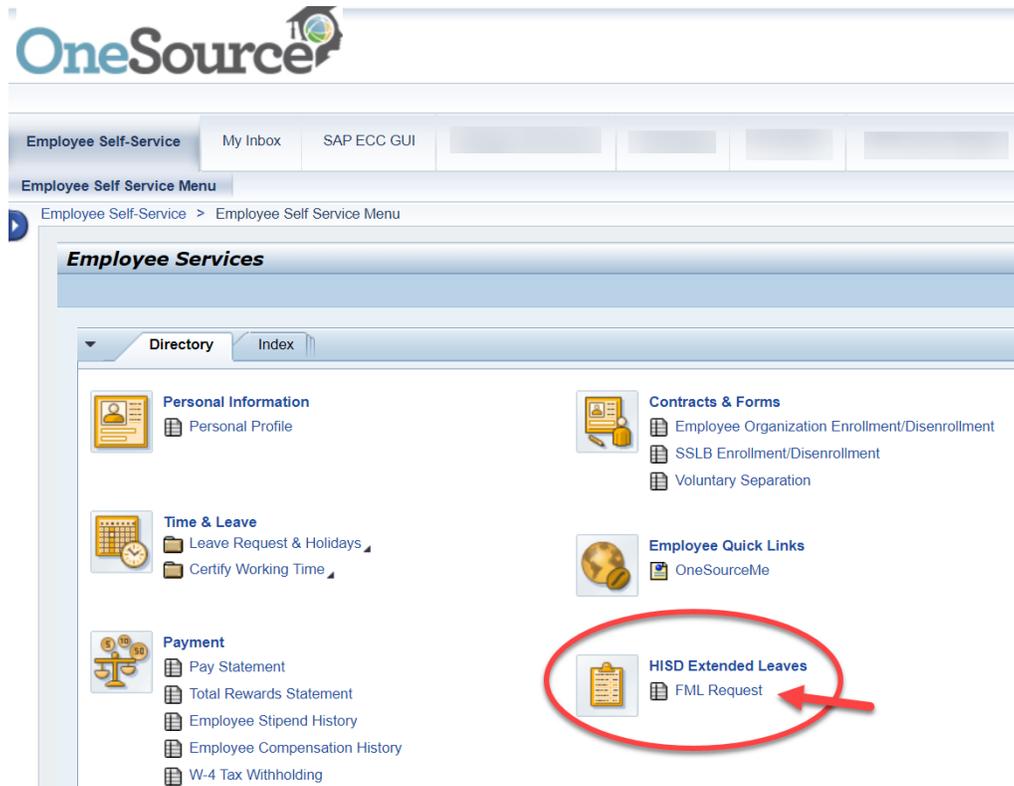


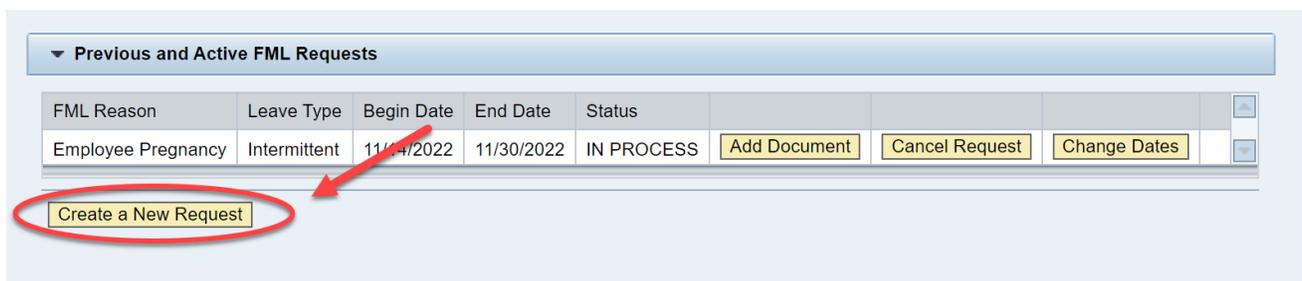
FML Application Submission in ESS: How-To Guide

FML Request Submission

1. Log in to your Employee Self-Service (ESS) account by clicking the following link: [HISD ESS](#).
2. Once logged in, click on the 'FML Request' link under the 'HISD Extended Leaves' header.



3. On the 'Previous and Active FML Requests' screen, click the 'Create New Request' button, where you will be taken to the 'FML Application' page.



4. All fields marked with a red asterisk must be completed before submission.
5. If you already have your supporting documentation at the time of submission, please make sure to attach the file(s) by clicking 'Choose File' to select your desired document, and then clicking 'Attach File' to attach the document to your application. Please note, all FML requests require supporting documentation that must be received within 15 calendar days of your initial request.

- a. The supporting documentation needed for your request to be reviewed will be dependent on your “reason” for FML:
- i. **Employee’s Own Medical and Employee Pregnancy**
 1. Click the link below to download the **Certification of Healthcare Provider (Employee) form** for Employee Personal Illness. Both you and your physician are required to complete the appropriate medical certification form. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a medical certification.

[Certification of Healthcare Provider \(Employee\)](#)

- ii. **Adoption**
 1. Submit the appropriate court documentation or adoption agency letter.
- iii. **Foster Care**
 1. Submit the appropriate court documentation or a letter from the placement agency supporting the fostering of a child (or children).
- iv. **Newborn (Baby Bonding)**
 1. Submit documentation that evidences your relationship to the newborn (i.e. birth certificate, healthcare provider certification of birth, voluntary acknowledgment of paternity, or a court order of filiation).
- v. **Care of Family Member**
 1. Click the link below to download the **Certification of Healthcare Provider (Family Member) form** for Care of a Family Member. Both you and your family member’s physician are required to complete the appropriate medical certification form. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a medical certification.

[Certification of Healthcare Provider \(Family Member\)](#)

- vi. **Family Military Leave (Injured Service Member)**
 1. Click the link below to download the **Certification for Illness or Injured Servicemember form**. Both you and the servicemember’s physician (refer to certification form for appropriate physician) are required to complete the medical certification form.

[Certification for Illness or Injured Servicemember](#)

- vii. **Family Military Leave (Qualified Exigency)**
 1. Click the link below to download the **Certification of Qualifying Exigency for Military Family Leave form**. You will also need to provide a copy of the military member’s active-duty orders.

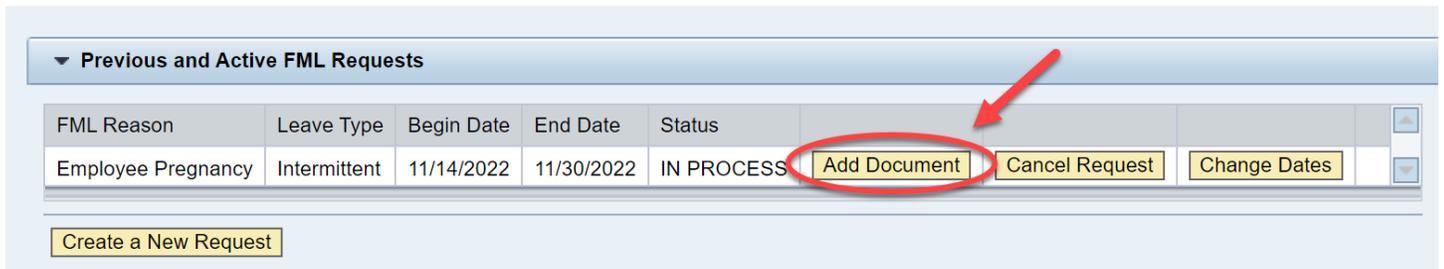
[Certification of Qualifying Exigency](#)

6. When you have completed your application, click the ‘Submit’ button at the bottom of the page to send your FML application to the Leave Administration department.

Adding a New Document

If you have additional documents to add to your application after the initial submission of your FML request, please follow the steps below:

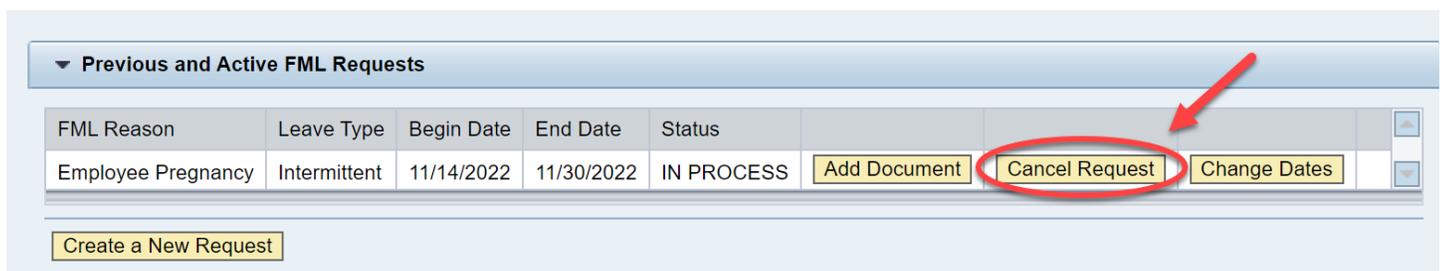
1. Follow steps one (1) and two (2) on page one (1) of this document.
2. On the 'Previous and Active FML Requests' screen, click the 'Add Document' button, where you will be taken to the 'FML Application' page.



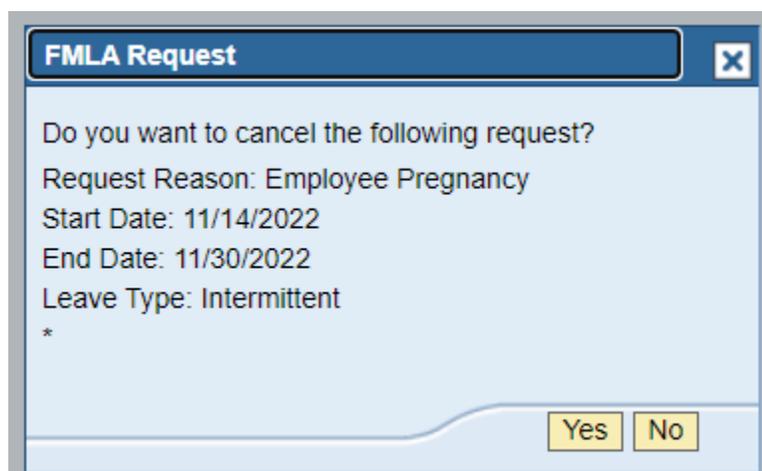
3. Please see step 5a on page two (2) of this document for information regarding the required documentation for each FML "reason".
4. When you have finished attaching your new document(s), click the 'Submit' button at the bottom of the page to send your updated FML documents to the Leave Administration department.

Cancel Request

1. Follow steps one (1) and two (2) on page one (1) of this document.
2. On the 'Previous and Active FML Requests' screen, click the 'Cancel Request' button.

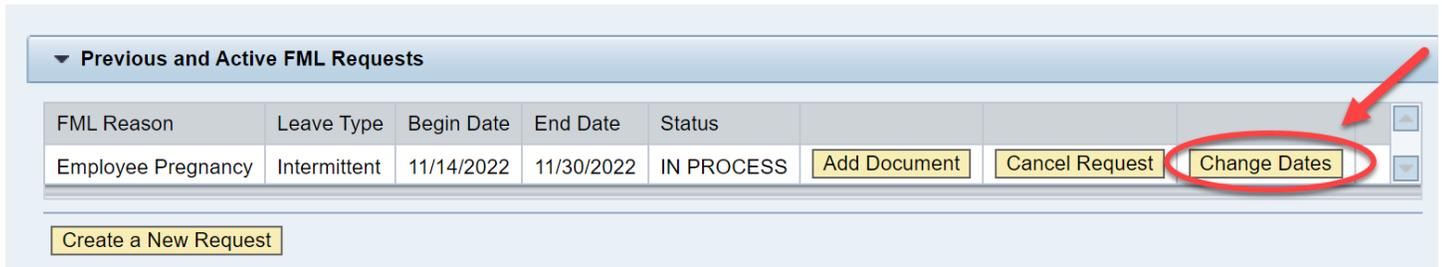


3. In the pop-up box that appears, please confirm your desire to cancel your FML request by selecting 'Yes'.



Changing FML Request Dates

1. Follow steps one (1) and two (2) on page one (1) of this document.
2. On the 'Previous and Active FML Requests' screen, click the 'Change Dates' button, where you will be taken to the 'FML Application' page.



3. Enter the new start and end dates for your request.

Employee ID:

Employee Name:

Contact Number:

HISD Email:

Non-HISD Email:

Request Start Date: 11/14/2022

* New Start Date

Request End Date: 11/30/2022

* New End Date

Last Day Worked: 11/11/2022

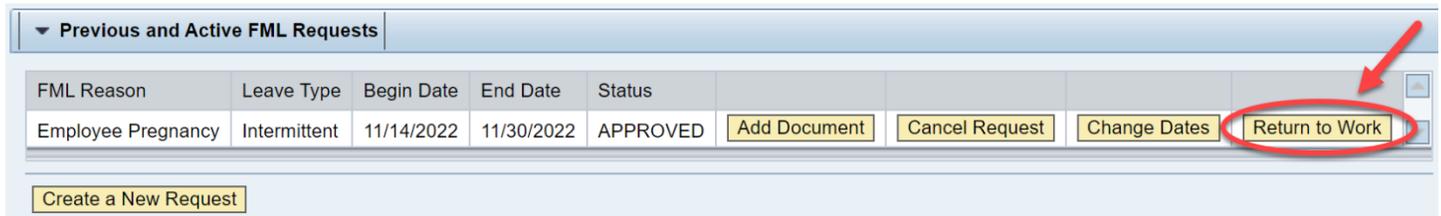
4. If available at the time of your submission, attach the appropriate documentation needed to support your new FML request dates. Please note, all FML requests require supporting documentation that must be received within 15 calendar days of your initial request.
 - a. Please see step 5a on page two (2) of this document for information regarding the required documentation for each FML "reason".
5. When you have finished attaching your new document(s), click the 'Submit' button at the bottom of the page to send your updated FML documents to the Leave Administration department.

Returning to Work

If you are on an approved FML and ready to return to work, you will need to notify the Leave Administration department in order to be returned to an active status in the system.

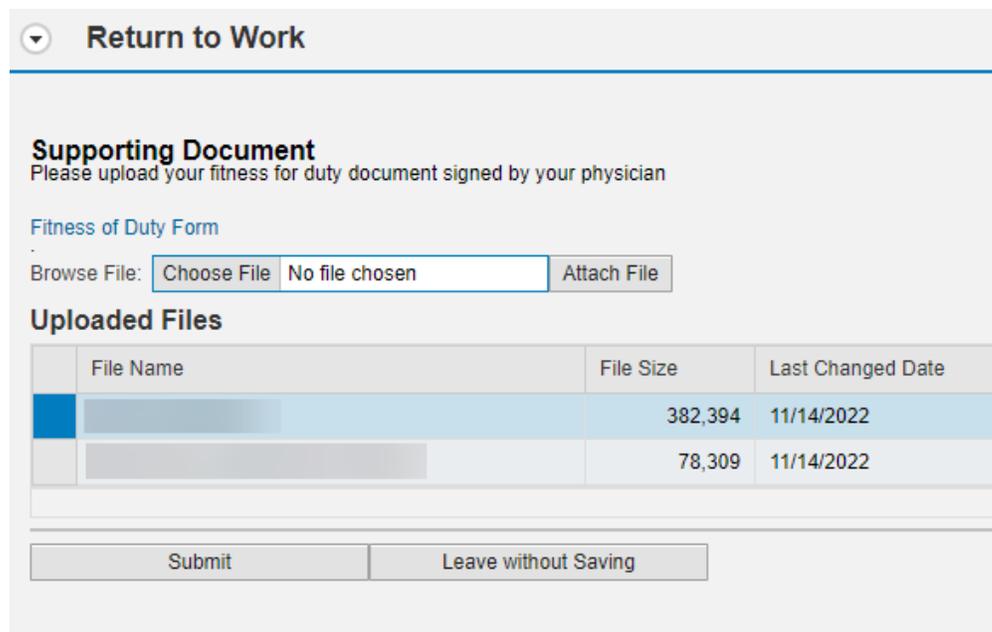
1. Follow steps one (1) and two (2) on page one (1) of this document.

2. On the 'Previous and Active FML Requests' screen, click the 'Return to Work' button, where you will be taken to the 'FML Application' page. Please note, this button will only populate once your original FML request has been approved.



3. Follow the steps below that correspond with your reason for FML:
 - a. For **Employee Medical** or **Employee Pregnancy**, your physician must clear you to return to work. If needed, click here to obtain the [Fitness-for-Duty](#) form that should be completed by your physician.

Click 'Choose File' to select your desired document, and then click 'Attach File' to attach the document to your application. Click the 'Submit' button to send your document to the Leave Administration department for review.



- b. For Adoption, Foster Care, Newborn (Baby Bonding), Care of a Family Member, Family Military Leave (ISM), or Family Military Leave (QE), please enter the date you will be returning to work in the 'Return to Work Date' field. Click the 'Submit' button to send this date to Leave Administration for review.

Return to Work

Please provide the date that you will be returning to work

Return to Work Date: 

Please contact the LEAVE ADMINISTRATION department with any questions you may have regarding this new process.

HISD Leave Administration
LeaveAdministration@HoustonISD.org
Phone: 713-556-6590 | Fax: 713-556-6966
Website: www.HoustonISD.org/LeaveAdmin