How to report a
Family & Medical Leave (FML) Absence

It’s simple! Call the Kent County FMLA Reporting System at 888.349.5917. The automated system will guide you through the entire process.

When should I call?
Call the Kent County FMLA Reporting System as soon as you know you will be absent from work for an FML qualifying event. If your need for leave is in the future, you must report your absence and request FML at least 30 days in advance. If your need for leave is less than 30 days in advance, you must report your absence and request FML on the same or next day that you learned you would need time off from work (e.g., doctor’s appointment for a serious health condition, physical therapy, etc.).

Please follow the call in policy specific to your department for an unplanned absence.

What information will I need to report my absence?
- Your Employee ID
- Your PIN – Your Birthday (MMDD format)
- The date of your absence
- The type of absence
  - Full day
  - Arrive late
  - Mid-day absence
  - Leave early
- Your expected return to work date
- Who is the absence related to (yourself or a family member)
- Is this absence related to a short term disability or accident/sickness claim?
- Is this absence related to a workers’ compensation claim?

What happens next?
- You will receive a confirmation number when your call is completed. Please do not hang up until you receive your confirmation number.
- Your immediate supervisor will receive a notification of your absence.

For Family Medical Leaves
(Not related to Short Term Disability)
- Within a few days, you will receive a package from MorningStar Health which will include information about your eligibility for Family & Medical Leave and your rights under FML, as well as further instructions regarding any paperwork you must provide.
  - Sign the release form and take the entire packet to your health care provider for completion.
  - Please remember that it is YOUR responsibility to make sure the forms are completed and returned to MorningStar Health by the due date listed.

You may qualify for Family & Medical Leave

If you have a serious health condition that makes you unable to perform the functions of your job and expect to be incapacitated for:
- More than 3 consecutive calendar days,
- Intermittent periods of time (non-consecutive hours or days away from work), or
- Overnight stay in a hospital, hospice or residential care facility for any amount of time

Or for one of the following:
- Birth of a child and care of a newborn child
- Placement of a child with you for adoption or foster care
- Care for a spouse, child or parent with a serious health condition
- Qualifying Exigency reason(s) arising from your family member’s military deployment
- Care for a family member who incurred a serious injury or illness in the line of active military duty

The following reasons are available to request FML paperwork or report an absence related to a previously approved FML and/or a Short Term Disability leave.
- Illness or Injury for yourself or a family member
  If the absence is reported for yourself, you will be asked if you plan to file a Short Term Disability claim.
- Pregnancy
- Related to Military Deployment
- Care of a New Child
**FMLA Reporting System**

**IMPORTANT:** It is important that you answer all questions accurately and completely. Failure to do so may result in improper coding of your absence and possible delays and/or denial of an FMLA request.

**FMLA Proper Notice Required:** If your need for leave is in the future, you must report your absence and request FMLA at least 30 days in advance. If your need for leave is less than 30 days in advance, you must report your absence and request FMLA on the same or next day that you learned you would need time off from work (e.g., doctor's appointment for a serious health condition, physical therapy, etc.).

**START HERE**

Dial 888.349.5917

Welcome to the Kent County FMLA Reporting System

Enter your 5-digit Employee ID

Enter your 4-digit PIN (Your Birthday MMDD format)

Use the “#” key after each selection to speed up your call.

The “*” key will return you to the previous menu.

**MAIN MENU**

1: To report an absence, including FMLA

2: To listen to available FMLA hours

**REPORTING AN ABSENCE**

Will your absence begin today?

1: Yes

2: No

Enter the 2-digit month and 2-digit day of your absence when prompted. (MMDD)

**TYPE OF ABSENCE**

All time is entered in 4 digits (HHMM) and using AM or PM

1: Full Day Absence

Enter the date of your expected return (MMDD)

Note: If you select an unknown return to work date, you must call in each work day you are absent.

**ABSENCE REASON**

**STEP 1: What is the reason for your absence?**

1: Illness or Injury for Yourself or a Family Member

2: Pregnancy

3: Care of a New Child

4: Related to Military Deployment

**STEP 2: Who does this absence pertain to?**

1: Yourself

Have you or will you be filing a Short-term Disability or Accident & Sickness claim for this Absence?

1: Yes

2: No

Have you or will you be filing a Workers’ Compensation claim for this absence?

1: Yes

2: No

2: Your Spouse

3: Your Son

4: Your Daughter

5: Your Father

6: Your Mother

**STEP 3: Would you like to request FMLA for this absence?**

1: Yes

Note: If an existing FMLA certification exists, you will choose between applying this absence to an existing FMLA certification or creating a new one.

2: No

**CALL COMPLETION**

Confirm accuracy of your absence

1: Yes

2: No (Return to Reporting an Absence)

Please hold for your confirmation number

1: To repeat your confirmation number

2: To end the call

You must receive your confirmation number for your FMLA to be successfully reported.

**TIPS FOR USING THE AUTOMATED FMLA REPORTING SYSTEM**

If you think you reported your FMLA absence incorrectly, call MorningStar Health’s Customer Care at 888.674.3652 within 1 business day to have it corrected.

If you work the night shift, you must report your absence by entering the actual date that your shift is scheduled to start on. For example: If you work nights and your shift starts at 11pm on September 9th and ends at 7am on September 10th, you must enter 0909 as the start date, 1100 pm as the start time, and enter 0700 am as the end time.

If you need assistance, please contact MorningStar Health’s Customer Care at 888.674.3652 between 8:00am—7:00pm ET, Monday—Friday.