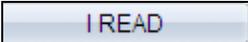
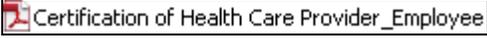
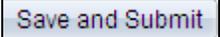
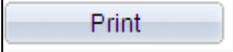




Submitting an FML Request

Step	Action
1.	<p>Navigate to this website to begin: http://www.in.gov/spd/instep</p> <p>Enter your User ID and Password into the appropriate field.</p> <p>A user ID is comprised of the first letter of the learner's first name (use a capital letter) plus the last six digits of the PeopleSoft ID number.</p> <p>For assistance with your password, contact the IOT Helpdesk at 317-234-HELP or (800)-382-1095.</p>
2.	<p>Click the Human Resources link. A new page or tab will populate.</p> <p></p>
3.	<p>Click the Main Menu button.</p> <p></p>
4.	<p>Point to the Self Service menu.</p>
5.	<p>Point to the Leave of Absence menu.</p>
6.	<p>Click the FMLA Leave Request menu.</p> <p></p>
7.	<p>Review the Instructions for Using Family-Medical Leave (FML) and then scroll down to the bottom of this page and click the I Read button.</p>
8.	<p>Click the I READ button.</p> <p></p>
9.	<p>If you have submitted prior FML Requests and are now submitting a new one, please click the New FMLA Request link.</p> <p>If you have never submitted an FML Request, please continue to the next step.</p>
10.	<p>Please confirm that your home address, e-mail address, and phone number are correct. YOU MUST INCLUDE AN ACTIVE EMAIL ADDRESS TO SUBMIT A REQUEST.</p> <p>Click the Question Mark link for additional information on how to make changes to any contact information specific to the FML request being submitted.</p>

Step	Action
11.	<p>Select the desired FMLA Request Reason from the available options.</p> <p>Continue selecting from the drop down boxes as they populate.</p> <p>Click the FMLA Request Reason list.</p> 
12.	<p>For this example we will select Serious Health Condition.</p> <p>Click the Serious Health Condition list item.</p> 
13.	<p>You will notice that an additional information box has populated and needs to be completed to submit this request.</p> <p>Click the Serious Health Condition Relation list.</p> 
14.	<p>For this example, we will click the Employee list item.</p> 
15.	<p>You will notice that an additional information box has populated and needs to be completed to submit this request.</p> <p>Click the Serious Health Condition Option list.</p> 
16.	<p>For this example, we will click the Other Serious Health Condition list item.</p> 
17.	<p>Select the desired Leave Type from the available options.</p> 
18.	<p>For additional information on the type of FMLA leave needed click on the Question Mark link.</p>
19.	<p>For this example, click the Intermittent list item.</p> 
20.	<p>Enter the date the selected leave type is anticipated to begin.</p> <p>Click the Calendar button.</p> 
21.	<p>For additional information on the Begin Date click on the Question Mark button.</p> 
22.	<p>Click the July list item.</p> 
23.	<p>Select 5 from the calendar.</p> 

Step	Action
24.	<p>Once you have selected the Leave Type and Begin Date appropriate for your situation, you may be asked to provide additional information about your leave request. You can do this by providing the information in the text box directly below the Leave Type Field.</p> <p>Click in the Text Box field.</p>
25.	<p>Supporting documentation must be attached before we can make a determination on your FML Request.</p> <p>The next steps will show how to attach supporting documents. If you don't have the documentation you must Save and Submit now and add documentation within the <u>15 calendar day timeline</u>.</p> <p>Click the Add Attachment link.</p> <p></p>
26.	<p>Please review the instructions for Attaching Supporting Documentation by selecting the Question Mark button.</p> <p></p>
27.	<p>Click the Browse... button.</p> <p></p>
28.	<p>Double Click on the Document Link you want to attach.</p> <p>For this example, double-click the Certification of Health Care Provider_Employee list item.</p> <p></p>
29.	<p>Click the Upload button to attach the document.</p> <p></p>
30.	<p>Click the Save and Submit button.</p> <p>NOTE: To ensure your security if you are using a computer other than our personal one, we recommend you delete any medical documentation that you have saved once you have attached it and submitted your FML Request.</p> <p></p>
31.	<p>After you have submitted the request you will want to print a copy for your records. Please record the FML Request ID number (e.g. 001).</p> <p>Click the Print button.</p> <p></p>
32.	<p>You will notice that your FML Status will update once you Save and Submit.</p>
33.	<p>Click the Sign Out link.</p> <p></p>

Step	Action
34.	<p>Have Questions? Need More Help?</p> <p>Call the FML Helpline Toll Free (Outside Indianapolis) 1-(855)773-4647 (FML option) or within the Indianapolis area (317) 234-7955.</p> <p><i>If you work in one of the direct bill agencies listed below, your hours of work will not be properly calculated by the system, and you will receive an automatic Denial Letter. Therefore, you must immediately call the FML Helpline for further instructions.</i></p> <p>Direct Bill Agencies 00719 Commission for Higher Education 08009 Hoosier Lottery 00261 IN Finance Authority 08002 IN Housing & Community Dev Authority 00072 IN Public Retirement System 00310 White River State Park Commission</p>