

# MLOA Request Process

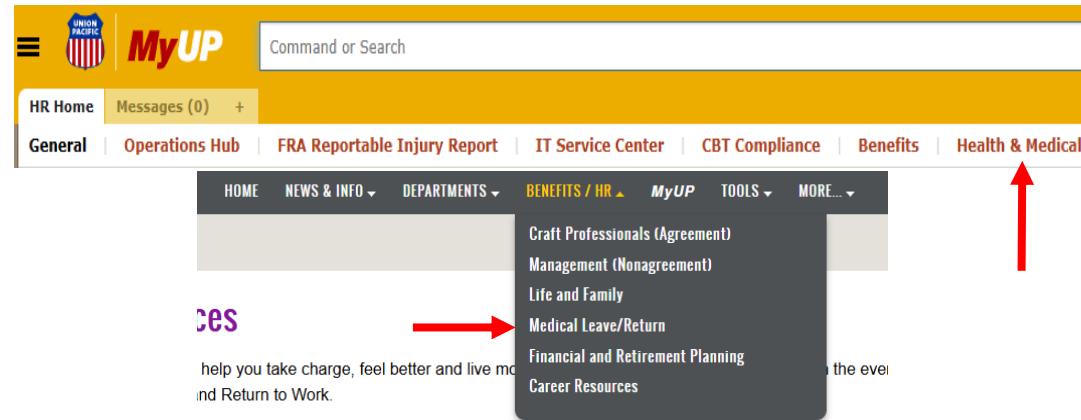
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Quick Reference Guide

## Accessing eHealthSafe (eHS)

1. From **MyUP**, locate **Health & Medical** on the selection bar  
OR
2. From the Employee Homepage, locate **BENEFITS/HR** on the selection bar, then select **Medical Leave/Return**
3. Select Access the eHealthSafe Employee Portal



## Entering MLOA Request in eHealthSafe (eHS)

1. Click Request a Medical Leave of Absence (MLOA)
2. Input the **Start Date**, anticipated **End Date**, **Reason** for your MLOA, **Phone Number**, and **Email**
  - Your MLOA Request **MUST** be submitted **before** you return to work.
  - You may submit your MLOA request up to **30 days** before your leave start date for timely processing.
  - Your End Date should reflect your **best estimate** of the date you expect to return to work.
3. By clicking **Submit**, you will be placed in a pending leave status on the start date provided.
  - Requests will be processed in the order which they are received.
  - You should follow normal layoff procedures until your leave has been reviewed.

**I would like to...**

[Request a Medical Leave of Absence \(MLOA\)](#)

Select this option if you are requesting a new Medical Leave of Absence for your own personal medical condition that requires four or more consecutive missed days. If this leave request is needed as a result of an On Duty Injury (ODI), the employee must contact their manager to complete a Form 52032 in addition to submitting a Medical Leave of Absence request.

Start Date:  Reason:   
End Date:

Best number to reach the employee:  Format (###) ###-####  
Best email to reach the employee:

By clicking submit on this request for Medical Leave of Absence (MLOA), you will be placed in a pending leave status on the start date provided once your request has been processed. You are required to provide a completed Certification of Health Care Provider form to substantiate your need for leave. Failure to provide all required documentation to substantiate your request will result in unexcused absence(s). Absences incurred which are not supported by medical documentation may revert to unexcused absences in accordance with your attendance policy.

Requests will be processed in the order which they are received. You should follow normal layoff procedures until your leave has been reviewed.

**IMPORTANT:** A Medical Leave of Absence ("MLOA") request is for employees who miss **4 or more consecutive days** due to an employee's own personal medical condition supported by their treating healthcare provider.

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## Accessing leave paperwork and forms in eHealthSafe (eHS)

1. Select **Messages/Attachments** on the sidebar
2. Then select your Request For Leave
  - Notification date will be the date you submitted your request.
  - If you do not see your leave request, it will be in your Acknowledged tab.
3. Then select **View Attachment**
4. Documentation required to verify your case will automatically appear for your review and completion

The screenshot shows the SAP My To Do List interface. On the left, a sidebar menu is open under 'Employee' with the 'Messages / Attachments' option highlighted by a red arrow. A main content area displays a table titled 'ToDo List' with a single row of data. The row contains columns for Employee ID (redacted), Employee Name, Service Stage, On Duty Injury Related, Notification Date (09/15/2023 10:00 AM), and Description (REQUEST FOR LEA...). Below the table, a section titled 'Notification Details' with the sub-instruction 'Double click on each of the link(s) below to view and print your notification(s.)' is shown. At the bottom, a table lists 'Notification Code' and 'Document ID' for various attachments, with a red callout box pointing to the 'Document ID' column. A red arrow points from the 'View Attachment' button at the bottom left of the main content area to the 'View Attachment' button in the bottom right of the screenshot.

Notification Code	Document ID	Created On
BAR CODE - COVER SHEET	949c0497-dc10-4646-9250-35e1e2b09655	
RETURN TO WORK MEDICAL STATUS FORM 1600	f5619854-230d-4dd6-a392-d35bb11850d0	
FORM 16874	e9a1dd5d-970f-45d0-9be1-2256008b976f	
FMLA ELIGIBILITY	731125ec-a3e0-4458-8291-2df7b59a9304	
MLOA FMLA 16873 RIGHTS & RESPONSIBILITIES	8a06b9f7-8131-485d-87f0-cb01eb6c6f28	