

Navigate to Employee Self Service

Step 1.

- Open an Internet browser
- Navigate to eweb.cabq.gov

Step 2.

- Enter User ID (Employee ID i.e. – E12345)
- Enter Password
- Select Sign In

If you need help logging in, contact the
IT Help Desk at (505) 768-2930

ORACLE PeopleSoft

User ID
1

Password
2

Select a Language
English

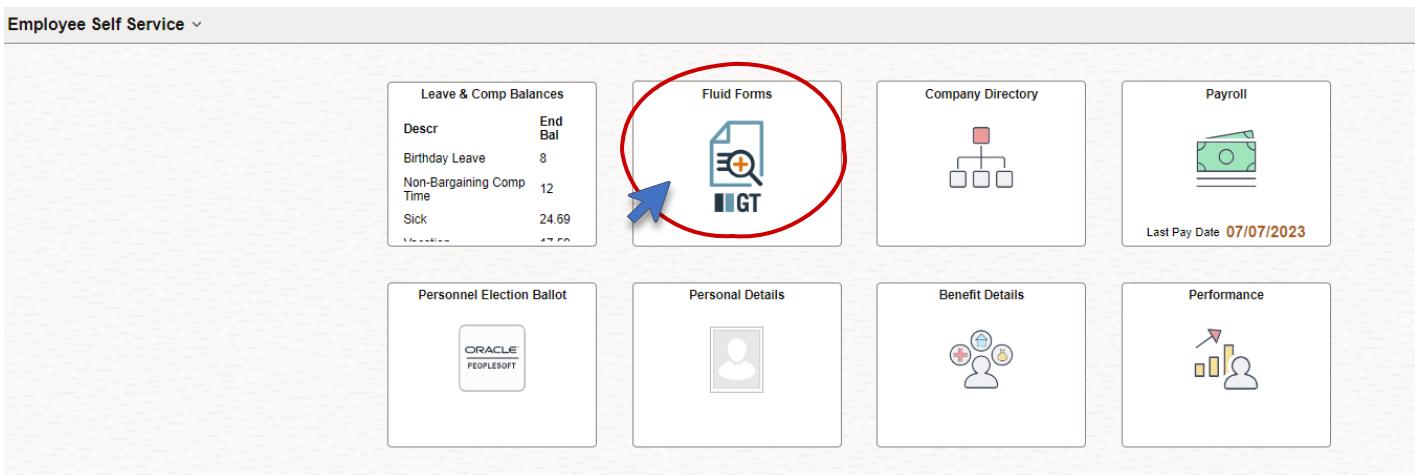
3 Sign In

Enable Screen Reader Mode

Navigate to FMLA eForms

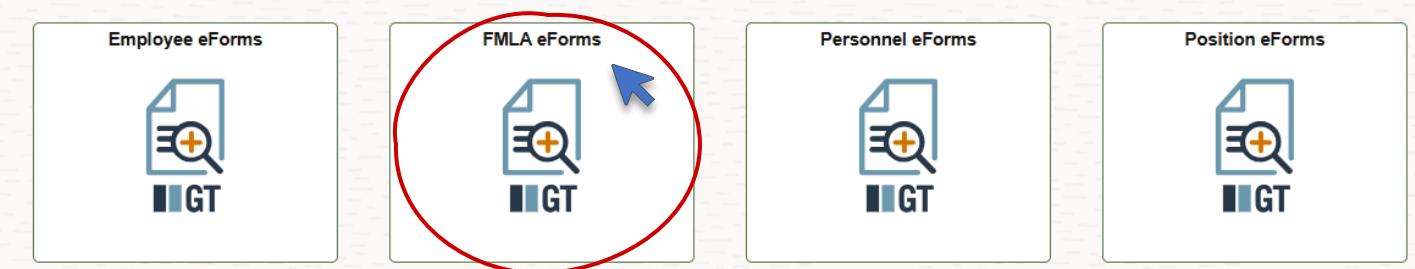
Step 3.

- Click on the Fluid Forms tile on your dashboard.



Step 4.

- Click the FMLA eForms tile.



You'll be directed to the Landing Page, where you'll choose the option that *best* describes your need to complete an FMLA eForm as well as FMLA resources. Options for submitting an FMLA eForm could include:

- Submit an FMLA eForm** - Use this option to submit a new request for FMLA eligibility.
- Evaluate an FMLA eForm** - Use this option to upload and submit your completed Health Certification and other relevant documents for review.
- Update an FMLA eForm** - Update an FMLA eForm - Use this option to **update/edit** eForms that are currently in **Saved, Recycle (Push Back) or Pending** status.
- View an FMLA eForm** - Use this option to view all FMLA eForms you've created.
- Submit an Amendment eForm** - Use this option to request an amendment, or change, to an existing FMLA scope of leave and upload the supporting documentation.

FMLA

Landing Page

Please select an option on the left to begin, below is a brief description of all the options.

- Submit a FMLA eForm** - Use this option to submit a new request for medical leave.
- Evaluate** - Use this option to approve eForms, this will only show you the forms that are currently awaiting your approval
- Update** - Use this option to update/edit eForms that are currently in Saved, Recycle (Push Back) or Pending status
- View** - Use this option to view all eForms.
- Submit an Amendment eForms** - Use this option to submit an amendment to an existing medical leave.

Resources:

[Department of Labor FMLA FAQ](#)
[401.11 FMLA Rules and Regulations](#)
[Administrative Instruction NO:7-55 Paid Parental Leave](#)
[Find More FMLA Information Here](#)

Evaluate an FMLA eForm

Step 5.

- To upload and submit your completed Health Certification and other relevant documents for review, choose **Evaluate an FMLA eForm**.

FMLA

 Landing Page
 Submit an FMLA eForm
 Evaluate a FMLA eForm
 Update a FMLA eForm
 View a FMLA eForm
 Submit an Amendment eForm

Please select an option on the left to begin, below is a brief description of all the options.

- Submit a FMLA eForm** - Use this option to submit a new request for medical leave.
- Evaluate** - Use this option to approve eForms, this will only show you the forms that are currently awaiting your approval
- Update** - Use this option to update/edit eForms that are currently in Saved, Recycle (Push Back) or Pending status
- View** - Use this option to view all eForms.
- Submit an Amendment eForms** - Use this option to submit an amendment to an existing medical leave.

Resources:

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- Select the **Search** button toward the bottom left of the page, this will populate any **pending** FMLA eForms you have in your **queue**. If you only have 1 form pending, it will automatically load after you click **Search**. You can also use the **link** in the email you received containing your FMLA documents for **direct access** to your FMLA eForm.

Search by:

Form ID	Begins With	<input type="text"/>	<input type="button" value="Search"/>
Employee ID	Begins With	<input type="text"/>	<input type="button" value="Search"/>
Name	Begins With	<input type="text"/>	
Form Status	is Equal To	<input type="text"/>	
Form Type	Begins With	<input type="text"/>	<input type="button" value="Search"/>
Current Date	is Equal To	<input type="text"/>	<input type="button" value="Calendar"/>
Department	Begins With	<input type="text"/>	
Absence Type	is Equal To	<input type="text"/>	
Absence Code	is Equal To	<input type="text"/>	

Search **Clear** **Save Search**

Upload Documentation

Step 6.

- Once inside your eForm, scroll down to the **File Attachments** section of the eForm, select **Upload**, then select the **type** of document you're going to upload.

File Attachments

Status	Upload	Description	File Name	Delete
1	Upload	Employee Health Certification Family Member Health Certification Other Proof of Birth Qualifying Exigency Service Member Health Certification		Delete

Add

Form Action Items

Acknowledgement

1 No I hereby confirm the information provided on my FMLA Health Certification was completed by a licensed medical professional and is accurate to the best of my knowledge. By submitting this form, I acknowledge my understanding of Employee Rights & Responsibilities under the FMLA and City of Albuquerque Rules and Regulations. I consent to electronic notification of FMLA eligibility and status, including any amendments, to myself and my department.

Comments

Search Deny Pushback Approve

- My Device**, and choose the correct documentation for your FMLA request.

File Attachment

Choose From

My Device

- Now that you've selected your document, select **Upload**, then **Done** in the upper right corner of the window. You should see your document has uploaded successfully.

File Attachment

Choose From

My Device

Upload Done

04 - Family Health Certification Form.pdf
File Size: 291KB

File Attachment

Choose From

My Device

04 - Family Health Certification Form.pdf
File Size: 291KB

Done

Upload Complete

Acknowledge & Approve

Step 7.

- You must acknowledge the validity of your FMLA documentation and consent to electronic notification about FMLA by selecting the toggle button.
 - If you **do not** select acknowledge and/or consent your FMLA eForm, you **will not** be able to complete the FMLA process and your Health Certification **will not** be reviewed.

File Attachments

Attachment Uploaded	View	Description	File Name	Delete
1	View	Employee Health Certif	03_Employee_Health_Certification_Form.pdf	Delete
Add				

Form Action Items

Acknowledgement	I hereby confirm the information provided on my FMLA Health Certification was completed by a licensed medical professional and is accurate to the best of my knowledge. By submitting this form, I acknowledge my understanding of Employee Rights & Responsibilities under the FMLA and City of Albuquerque Rules and Regulations. I consent to electronic notification of FMLA eligibility and status, including any amendments, to myself and my department.			
<input type="checkbox"/> No				
<input checked="" type="checkbox"/> Yes				

File Attachments

Attachment Uploaded	View	Description	File Name	Delete
1	View	Employee Health Certif	03_Employee_Health_Certification_Form.pdf	Delete
Add				

Form Action Items

Acknowledgement	I hereby confirm the information provided on my FMLA Health Certification was completed by a licensed medical professional and is accurate to the best of my knowledge. By submitting this form, I acknowledge my understanding of Employee Rights & Responsibilities under the FMLA and City of Albuquerque Rules and Regulations. I consent to electronic notification of FMLA eligibility and status, including any amendments, to myself and my department.			
<input checked="" type="checkbox"/> Yes				

File Attachments

Attachment Uploaded	View	Description	File Name	Delete
1	View	Employee Health Certif	03_Employee_Health_Certification_Form.pdf	Delete
Add				

Comments

[Search](#) [Deny](#) [Pushback](#) [Approve](#)

YOU HAVE COMPLETED YOUR FMLA eFORM

What's Next?

The Leave Coordinator is **automatically** notified your documents have been uploaded and will review all requests in the order they are received. You and your department will receive an automated email notification regarding the status of your request within **5 business days** from the date of submission.

All communication regarding your FMLA will be sent to the email address provided on the form.

Contact Us

If you have any concerns, questions, or need help feel free to reach out!

Our office is open Monday – Friday from 8:00am to 5:00pm or visit our website for more information.

Employee Relations Division

 (505) 768-3700

 employeerelationscoordinators@cabq.gov

 cabq.gov/employeerelations