

Navigate to Employee Self Service

Step 1.

- Open an Internet browser
- Navigate to employee.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

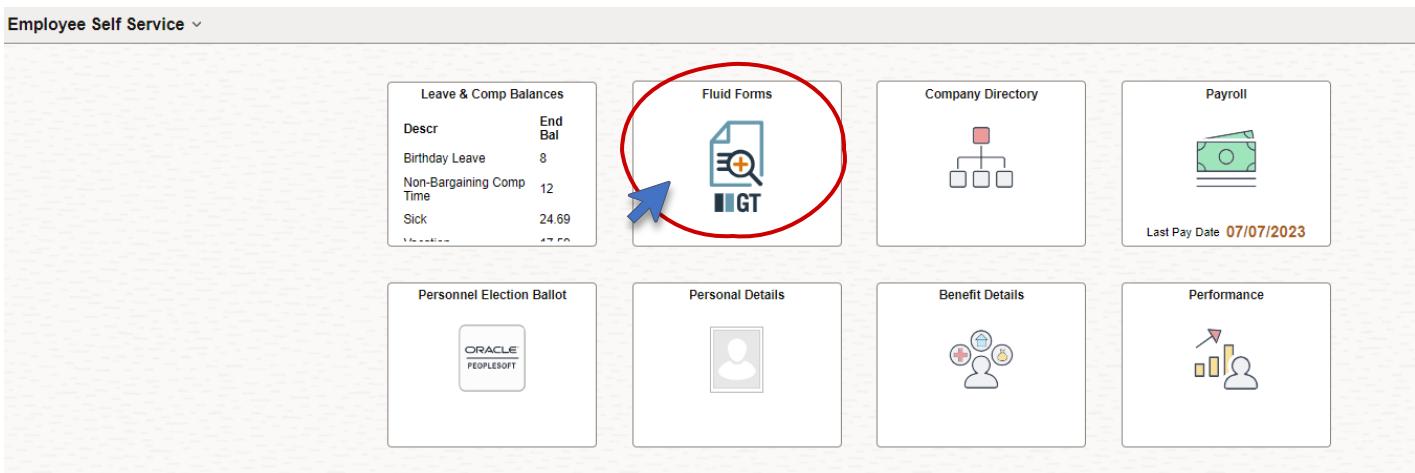
3 Sign In

Enable Screen Reader Mode

Navigate to FMLA eForms

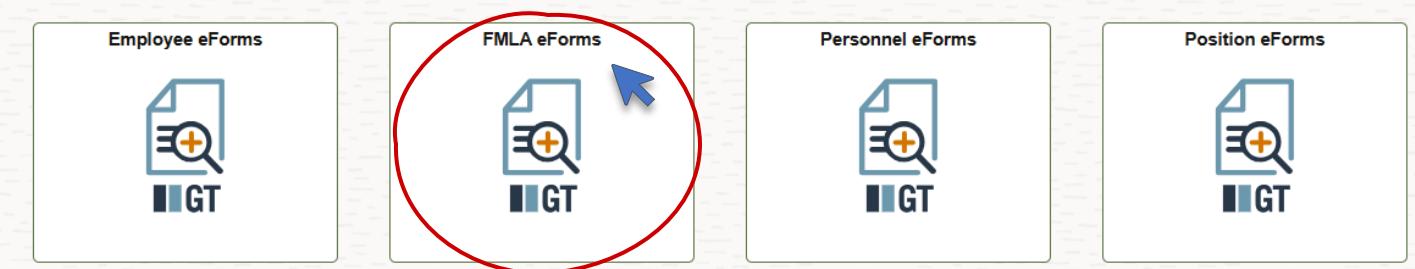
Step 3.

- 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** - 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](#)
- [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:

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

Submit an FMLA eForm

Step 5.

- To request eligibility for a **new** FMLA leave, choose **Submit 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
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Resources:

Department of Labor FMLA FAQ
401.11 FMLA Rules and Regulations
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Find More FMLA Information Here

- Enter the requested information in the provided fields.

FMLA

Request FMLA : FMLA Eligibility

Submit Your Family and Medical Leave Request

You will be notified of the results of your eligibility review within two days from the date this form is submitted at the email address that you provide below.

| | | | |
|-----------------|---|--|-------------|
| Current Date | 09/08/2025 | Name | Janette Doe |
| Employee ID | 000012345 | Department | HR- ADMIN |
| Title | Sr Office Assistant | Original Start Date | 02/12/2022 |
| Last Start Date | 02/12/2022 | Length of Service - Months | |
| Hours Worked | *Reason for Leave Request <input type="text"/> Anticipated Leave Start Date <input type="text"/> | | |
| | | *Email Address <input type="text"/> Anticipated Leave End Date <input type="text"/> | |

Submit

When entering your leave information, you will be presented with different choices relevant to your situation:

Reason for Leave Request

- Your Own Serious Health Condition:** You are applying for FMLA to care for yourself due to a serious illness, injury, and/or medical event (i.e – surgery)
- Birth, Adoption or Foster Care Placement:** You are applying for Parental Leave & FMLA to care for your newborn and/or newly placed child.
- Serious Health Condition of a Family Member:** You are applying for FMLA to care for a qualified Family Member due to a serious illness, injury, and or medical event (i.e. – surgery)
 - Qualified Family Members under the FMLA include:**
 - Spouse or Domestic Partner
 - Parent
 - Child Under 18 years old
 - Child Over 18 years old & incapable of self-care (i.e. – cerebral palsy)
- Serious Health Condition of a Military Servicemember:** You are applying for FMLA to care for a qualified Family Member due to a serious illness, injury, and or medical event (i.e. – surgery)
- Qualifying Exigency:** You are applying for FMLA to handle exigencies related to a qualified military servicemember's orders or impending orders to report for covered active duty.

Submit an FMLA eForm

Anticipated Leave Start/End Dates:

- Entering this information is preferred, although not required. Please remember that the recommended timeframe to begin the FMLA process is 30 to 45 days before the medical event or as soon as practicable based on the circumstances.

Eligibility Qualifications

- Employees must meet the minimum federal thresholds to qualify for FMLA, this means eligible employees have:
 - Worked for the City at least 12 months within the last 7 years of their request for FMLA.
 - Earned at least 1,250 regular work hours in the last 12 months prior to the date of their FMLA request.

Step 6.

- Once you've entered all of the requested information, you will click **Submit** in the lower left corner of the screen.

FMLA

 Request FMLA : FMLA Eligibility

Highlights Enabled:

Submit Your Family and Medical Leave Request

You will be notified of the results of your eligibility review within two days from the date this form is submitted at the email address that you provide below.

| | | | |
|--|---------------------|--|-------------|
| Current Date | 09/09/2025 | Name | Janette Doe |
| Employee ID | 09/08/2025 | Department | HR- ADMIN |
| Title | 000012345 | Original Start Date | 02/12/2022 |
| Last Start Date | Sr Office Assistant | Length of Service - Months | 84.00 |
| Hours Worked | 02/12/2022 | *Email Address <input type="text" value="jdoe@cabq.gov"/> | |
| *Reason for Leave Request <input type="text" value="Your Own Health Condi"/> | | Anticipated Leave Start Date <input type="text" value="09/09/2025"/>  | |
| Anticipated Leave End Date <input type="text" value="10/08/2025"/>  | | | |

Submit 

YOU HAVE COMPLETED YOUR ELIGIBILITY REQUEST

What's Next?

The Leave Coordinator is **automatically** notified of your FMLA request once it's been submitted and will review all requests in the order they are received. You will receive an automated notification regarding the status of your request within **2 business days** from the date of submission. If approved, your notification will include the necessary documents for your physician to complete.

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