

### Navigate to Employee Self Service

#### Step 1.

- Open an Internet browser
- Navigate to [employee.cabq.gov](http://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

1 User ID

2 Password

Select a Language  
English ▼

3

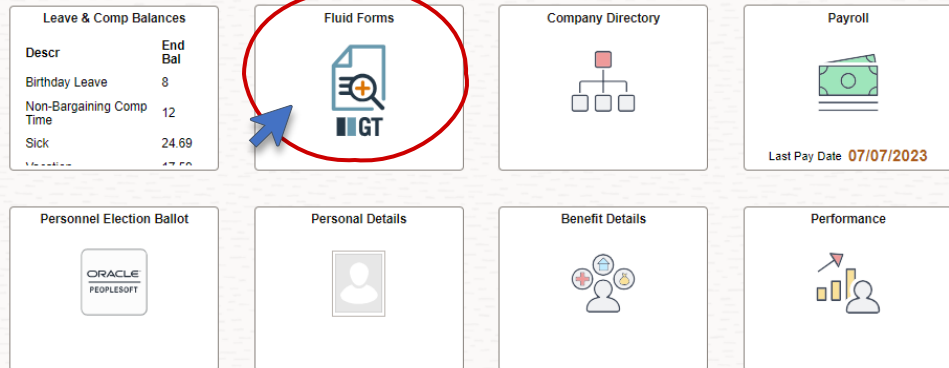
☐ Enable Screen Reader Mode

## Navigate to FMLA eForms

### Step 3.

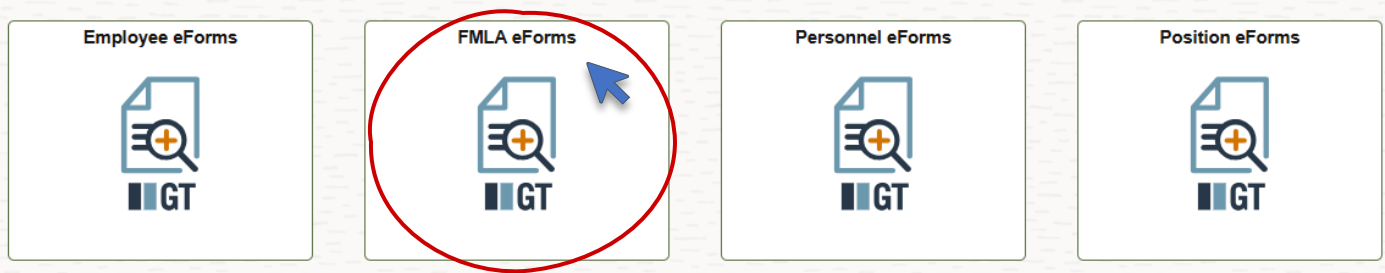
- Click on the **Fluid Forms** tile on your dashboard.

Employee Self Service ▾



### Step 4.

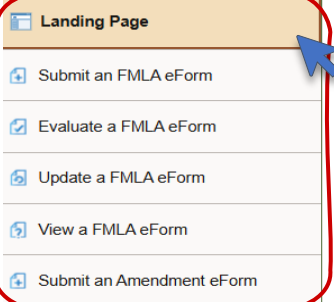
- Click the **FMLA eForms** tile.



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



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
- 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](#)

- 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		*Email Address	
*Reason for Leave Request		Anticipated Leave End Date	
Anticipated Leave Start Date			

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: ☒ Yes

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	jadoe@cabq.gov

\*Reason for Leave Request

Your Own Health Condi

Anticipated Leave Start Date

09/09/2025

Anticipated Leave End Date

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](mailto:employeerelationscoordinators@cabq.gov)  
 [cabq.gov/employeerelations](http://cabq.gov/employeerelations)