

### 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

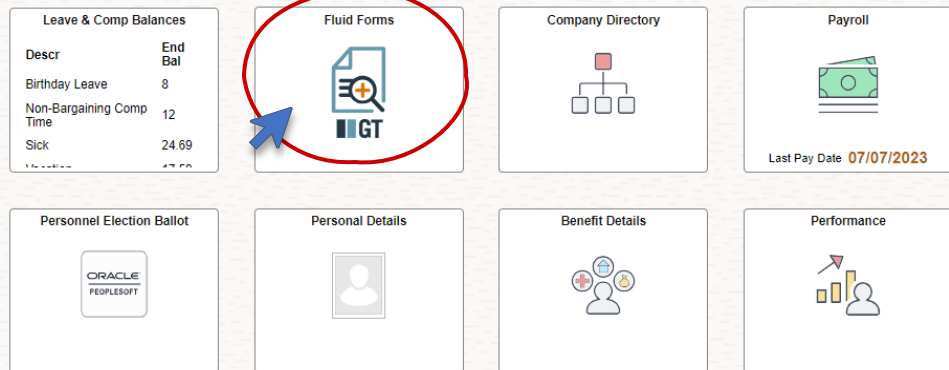
☐ Enable Screen Reader Mode

## Navigate to FMLA eForms

### Step 3.

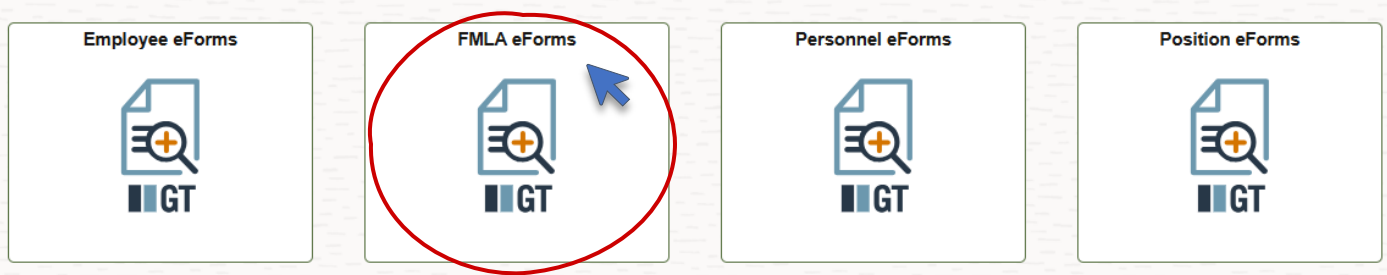
- Click on the Fluid Forms tile on your dashboard.

Employee Self Service ▾



### Step 4.

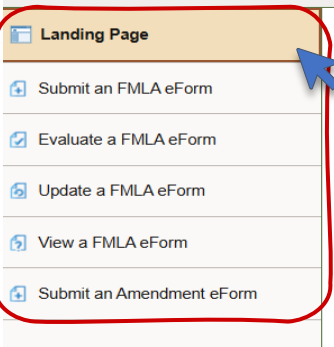
- Click the FMLA eForms tile.



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 supporting 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



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](#)

## Update an FMLA eForm

### Step 5.

- To update/edit an FMLA eForm that has been pushed back for correction, choose **Update 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](#)

- 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"/>
Employee ID	Begins With	<input type="text"/>
Name	Begins With	<input type="text"/>
Form Status	is Equal To	<input type="text"/>
Form Type	Begins With	<input type="text"/>
Current Date	is Equal To	<input type="text"/>
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 Corrected Documentation

### Step 6.

- Once inside your eForm, select **Add**, next select the **type** of document you're going to upload, then select **Upload**.

**FMLA**

FMLA Certification : FMLA Eligibility Form ID 143875 (Pending)

Highlights Enabled: ☒ Yes Current Values ← →

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 84.00
Hours Worked 1451.00	*Email Address <input type="text"/>
*Reason for Leave Request <span>Care for a Family Memt</span>	Anticipated Leave End Date <span>09/14/2026</span>
*Family Member <span>Spouse or Domestic Pa</span>	
Anticipated Leave Start Date <span>09/15/2025</span>	

**File Attachments**

Attachment Uploaded	View	File Name	Delete
1 <input checked="" type="checkbox"/>	<input type="button" value="View"/>	Family_Health_Cert_EXAMPLE.pdf	<input type="button" value="Delete"/>
2 <input type="checkbox"/>	<input type="button" value="Upload"/>		<input type="button" value="Delete"/>

- My Device**, choose the correct documentation for your FMLA request, then select **Upload**.

**File Attachment**

Choose From

☒ My Device

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

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

**File Attachment**

Choose From

☒ My Device

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

Upload Complete

## Update & Resubmit

### Step 7.

- Finally, select **Resubmit** to submit your document to the Leave Coordinator for Review. You should receive an automated email confirming the submission of your documents with a link to return to the eForm, if necessary.

**FMLA**

FMLA Certification : FMLA Eligibility Form ID 143875 (Pending)

Highlights Enabled: ☒ Yes Current Values ← →

**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	09/19/2025	Name	Gerardo Fernandez
Employee ID	000019246	Department	FD-FIRE SUPPRESSION HQ
Title	Firefighter 1C - 56 HR	Original Start Date	11/18/2002
Last Start Date	11/18/2002	Length of Service - Months	84.00
Hours Worked	1451.00	*Email Address	
*Reason for Leave Request	Care for a Family Memt		
*Family Member	Spouse or Domestic Pa		
Anticipated Leave Start Date	09/15/2025	Anticipated Leave End Date	09/14/2026

**File Attachments**

Attachment Uploaded	View	Description	File Name	Delete
1	<a href="#">View</a>	Family Member Health	Family_Health_Cert_EXAMPLE.pdf	<a href="#">Delete</a>
2	<a href="#">View</a>	Family Member Health	04_-_Family_Health_Certification_Form.pdf	<a href="#">Delete</a>

[Add](#)

[Search](#) [Withdraw](#) **[Resubmit](#)**

**\*\*YOU HAVE UPDATED YOUR FMLA eFORM\*\***

### What's Next?

The Leave Coordinator is **automatically** notified you've uploaded documents 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](mailto:employeerelationscoordinators@cabq.gov)

 [cabq.gov/employeerelations](http://cabq.gov/employeerelations)