

## HOW TO ACCESS MY HEALTH CARE PROVIDER CERTIFICATION FORM:

FMLA/MLOA cases initiated in AbsenceTracker will automatically send team members a case specific Health Care Provider Certification(HCPC) form with case number and barcode attached, when eligible.

Team members will receive this certification form in 3 different methods.

1. Team members will receive a notice via company email(or personal if specified at intake), that contains confirmation the case was initiated successfully, as well as their Employee Rights and Responsibilities notice, and an attached copy of the HCPC form.

HCPC Attachment



The following is a status message concerning a leave request for Team Member (Emp No: 0001234)

Case No: 1854008688  
 Received: 2/9/2021  
 Type of Leave: Consecutive  
 Reason for Leave: Employee Health Condition  
 Requested Start Date: 1/1/2021  
 Requested End Date: 1/1/2021

Medical Leave - 1 Year	Eligible
Family Medical Leave Act	Eligible

**HCPC Due Date:** 2/28/2021  
**Decision Due Date:** 3/1/2021

General information and instructions regarding FMLA policies and procedures may be found on Jetnet.

To view the current status of an FMLA leave request, go to:  
<https://aa-selfservice.ess-absencetracker.com>

Message Health Care Provider Certification Form PROD 01.04.21.pdf (251 KB)



Date: 2/9/2021

Team Member (Emp No: 0001234)

Arlington, TX 76016

### RE: Eligibility Rights and Responsibility

Hello Team Member,

The Absence and Return Center (ARC) is here to help you with your time away from work. Our goal is to make this process as simple as possible.

- **Your Case Number:** 1854008688
- **Your Time Away Begins:** 1/1/2021
- **The Reason for your leave:** OSHC: your own serious health condition

2. Team members will receive a physical letter to their mailing address on file(or alternate if specified at intake) that contains their Employee Rights and Responsibilities notice and a copy of the HCPC form.



3. Team members will be able to access a copy of the HCPC form via the AbsenceTracker portal immediately upon case initiation. View “MY CASES” and click the Health Care Provider Certification Form link.

## Leave Request Successfully Submitted

CASE #	1854008688
ELIGIBLE POLICIES	FAMILY MEDICAL LEAVE ACT   Jan 01, 0001 - MEDICAL LEAVE - 1 YEAR   Jan 01, 0001 -

We have received your request for a leave of absence. Your assigned case manager will contact you to review your request and determine what type of leave you are eligible to use. Next, you'll receive a customized packet with the forms, due date and all the information necessary to complete your leave request. Have questions? Please contact the ARC at 1-800-447-2000 Option 5, Monday – Friday 8a – 5p CST. \*\*Please note the system of record for your FMLA balance is the timekeeping system used for your workgroup. Balances in the Absence & Return Center Leave System may differ due to the timing of system updates.

[ADD A NEW REQUEST](#)[CLOSE AND VIEW CASES](#)



 **MY CASES** [NEW REQUEST](#) 











**CASE STATUS:**  
☒ Open Cases  
☐ Closed Cases  
☐ Cancelled Cases

**Sort By Date:**  
☐ End Date (Oldest to Newest)  
☒ End Date (Newest to Oldest)  
☐ Start Date (Oldest to Newest)  
☐ Start Date (Newest to Oldest)

[APPLY FILTERS](#) [CLEAR](#)

Click on the CASE NUMBER to view more details about each case

<b>Team Member</b>	<b>CASE NUMBER #1854008688</b>	<b>OPEN</b>	 
DATES: 1/1/2021 - 1/1/2021 RETURN TO WORK: 1/4/2021	REASON: Employee Health Condition TYPE: Consecutive	DESCRIPTION: TEST	

[Health Care Provider Certification Form PROD Print Fulfillment 11.24.20.pdf](#)   | [000 Initial Eligibility Packet-Print Fulfillment.pdf](#)   | [1001 New Claim Notice- Eligible .pdf](#)    
[Health Care Provider Certification Form PROD 01.04.21.pdf](#)   | [000 Initial Eligibility Packet.pdf](#)  



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HCPC attachment