



PAID FAMILY AND MEDICAL LEAVE

Filing Walk-through for Employees

Start a New Leave

Reason

All fields are required unless noted otherwise.

In which state are you employed?

Why are you initiating this event?

1 After logging in select the state you work in.

2 Choose the reason for requesting a new Leave.

Start a New Leave

Personal Info

All fields are required unless noted otherwise.

First Name

Middle Initial

Last Name

Date of Birth

3 Complete the required fields to begin filing.

Start a New Leave

Contact Info

All fields are required unless noted otherwise.

Email

Phone

Address

City

4 Add your contact information.



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Leave Info

Select this family member's relationship to you:

Child

Are you receiving Worker's Compensation, Unemployment Insurance Benefits or Social Security Disability benefits?

No

Have you worked for your current employer for less than 15 months?

No

Did you receive higher wages from your previous employer?

No

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Answer questions based on your current understanding of your Leave.

If information changes, contact The Standard to update your answers.

Start a New Leave

Estimate Your Leave Time

Your absence time can be described as:

☐ Continuous: consecutive absences in an unbroken block of time. Best for: surgery, parental bonding, extended care.

☐ Intermittent: Sporadic absences for partial or full days. Best for: ongoing treatments, medical appointments, therapy.

☒ Reduced Schedule: Decrease in working hours over a specific period. Best for: gradual return to work, part-time caregiving.

How much time will be reduced from your normal work hours?

80 hr. 80 mos.

Select the day(s) on which your time will reduce:

☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S

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Choose the type of Leave you are requesting. Additional questions may appear based on your selection.

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How much time will be reduced from your normal work hours?

80 hr. 80 mos.

Select the day(s) on which your time will reduce:

☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S

Start Date:

4/1/2024

End Date:

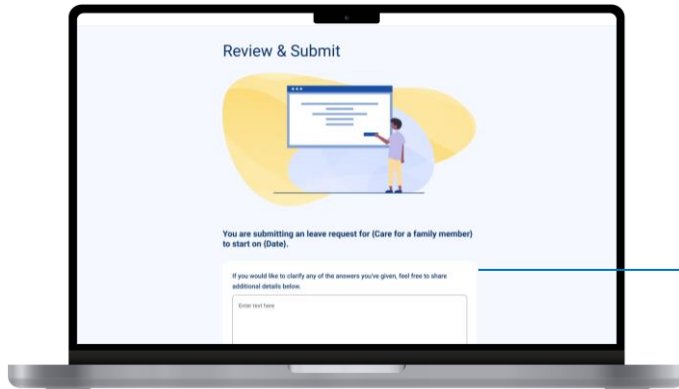
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Select the start and end date of your request.

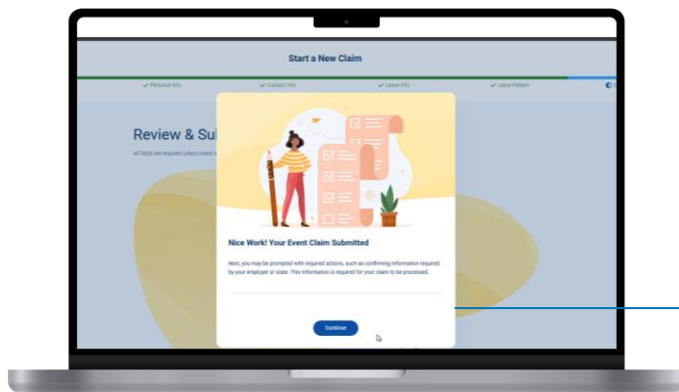
If you're unsure, make an estimate. You can always make changes after the initial filing



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- 8 Before reviewing and submitting, provide optional details about your request using the free-form text box.



- 9 After submitting a new request, you will receive follow-up information from The Standard.

Please call or text “Hello” to 866.756.8116, for additional support.