



Employer Online System Tutorial Reporting A Leave of Absence







IMPORTANT!

To ensure a successful experience on this tutorial, please read the following in it's entirety before proceeding.

- A "Leave of Absence" (LOA) can be done at any time of the year.
- Any employee that is on an Employer approved LOA should be reported immediately.
- If the initial LOA reported has a change to start or end date or the employee has returned to work, report these events immediately.
- Enter all data in the required format i.e., DOB: *MMDDYYYY*.



1



Employer Login Process Go to <u>NMPSIA.com</u> Select User Login and Employer Login...

Nev Mexico Public Schools Indutance NMPSIA * EMPLOYERS * EMPLOYEES & User Login	About Contact 🖬 Board Login Transparency Rule - MRF ENHANCED BY Goog 🔍
Welcome to the New Melone to the New Melonetotototototototototototototototototot	A Mobile App!
New Mexico Public Schools In	nsurance Authority
Sign Employee Login You are an Employee. You are a	n In Ver Login n Employer. You are a Manager.





Sign In...





Employer Login You are an Employer.

Enter your credentials



Employer Sign in...

Please log in with your district id and password District ID: Representative Name: Password: Forgot Your Password Log In Home





From your home page Select "Report LOA"

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedba
r								
			Andical				Ves	-
		i i i i i i i i i i i i i i i i i i i)ental		Yes	-		
			/ision		Yes	-		
		E	Basic Life Ins	surance			Yes	-
		1	dditional(V	oluntary) Life Insuranc	e		Yes	
		5	Spouse Life Insurance				Yes	
		0	Dependent Life Insurance				Yes	
		L	Long Term Disability				Yes	
		C	Domestic Partner				No	
		F	Part Time Resolution				Yes	
		1	25K Plan				No	
		5	witch Date				01/01/2021	

Step 5 After selecting Report LOA there will be 3 options,

Report LOA
Change LOA Date
Report LOA Return









To report an LOA, enter the employee's information and "Click Submit

SSN	EE Name	Date Leave Started	Date Expected to Return	Type of Leave	- 0 D	Remove		
55555555	Duck, Daisy	03/04/2024	07/16/2024	FMLA – EE Health Condition	×	Remoun		
Comment								
666666666	Fan, Viking	12/19/2023	10/16/2024	Disability	~	Demour		
Comment								
111111111	Mouse Mickey	03/18/2024	04/23/2024	Unknown	*	Romouro		
Comment	wouse, wiekey					Remove		
					~	Pamoua		
Comment						(Kelliove)		
					×	Remove		
Comment			(H) ()		1.0	(Nelliove)		





If an employee has already been entered as an LOA and you need to change the Start Date or Return Date. Go to your Home Screen, Report LOA and select Change LOA Date from the drop-down menu.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Training Material	Feedback	ι
mployer	BERNALILLO	D PUBLIC SC	HOOLS		L	Report LOA	Feedba		
			Medical Dental			Report LOA		7	
		N	/ision Basic Life In:	surance		Change LO	A Date	_	
		4	Additional(V Spouse Life 1	oluntary) Life Insurance	e	Report LOA	Return	_	
			ong Term D	ife Insurance isability					
			Part Time Re	rtner solution			No Yes		
		5	Switch Date				01/01/2021		







Employee's information will auto populate after entering the Social Security Number (SSN). "Click on Change Date"

SSN	v	Search Index	55555555	Search	(SSN/LastName,	/LastName,FirstName/A	ddress/Phone/HIPAA 1
SSN	Last Name	First Name	Middle Name	Start Date	Return Date	Leave Type	Change
555-55-555	5 Duck	Daisy		02/01/2024	04/30/2024		Change Date

Change the date, add a comment and "Click Submit"

		Change LOA Date
SSN	555-55-5555	
Name	Duck, Daisy	
Start Date	03/04/2024	
Return Date	07/16/2024	
Leave Type		
Comment	Extended	
		Submit





When an employee returns from LOA, you need to report their Return Date. Go to your Home Screen, Report LOA and select "Report LOA Return" from the drop-down menu.

Home	Inquiry	Review	New Hire	Employer Information	Cancel EE	Report LOA	Feedb ^{ial}	Feedback	1
mployer	BERNALILLO	PUBLIC SC	HOOLS				1		
			BE	RNALILLO PUBLIC	SCHOOLS	Report LOA	an.		
		1	4edical			Change LOA	Date e	7	
			licion					-	
						Depart I OA D	aturn	-	
			sasic Life In	surance		Report LUA R	leturn	_	
		4	Additional(V	oluntary) Life Insuranc	e				
		S	Spouse Life 1	Insurance					
			Dependent L	ife Insurance		Yes			
		ī	.ong Term D	isability		Yes		-	
			Domestic Pa	rtner		No		-	
		F	Part Time Re	solution		Yes		-	
		ĥ	25K Plan			No		-	
		-	Switch Date			01/	01/2021		
			witch Date			01/	01/2021	1	







The employee's information will auto populate, enter the Return Date and "Click Submit".

(Please make sure to indicate the type of employment they are returning to.)

Report LOA Return						
SSN		EE Name		Return Date	Туре	Remove
55555555		Duck, Daisy		05/15/2024	Full Time EE 💙	Remove
					v	Remove
					v	Remove
					(v)	Remove
					v)	Remove
						AddRo
	Submit		Reset		Print	





Thank you for utilizing this valuable tool. We hope you found it helpful and user friendly.

If you need assistance or have any questions, please contact your Erisa Administrative Representative at 1-800-233-3164.