

FMLA Checklist

Employee Name: _____ UIN: _____ MO BW

Leave needed for: Self Spouse Child Parent

- Eligible for FMLA Leave: Has at least 12 months of state service & has physically worked at least 1,250 hours within the last 12 months
- Not eligible for FMLA Leave: Does not have at least 12 months of state service
 Has not physically worked at least 1,250 hours with the last 12 months
- Parental Leave: Does not meet the FMLA requirements above (used for maternity leave or placement of an adopted/foster child under 3 years old – beginning date of birth or placement of child)

Date notified/became aware: _____ Memo given/sent to employee: _____

Date leave began: _____ Suspend leave accruals: Yes No

Medical certification received: _____ Anticipated RTW Date: _____
_____ Anticipated RTW Date: _____
_____ Anticipated RTW Date: _____
_____ Anticipated RTW Date: _____

Available paid leave as of: _____ Vacation: _____ Sick: _____ FSH: _____
Admin: _____ FLSA: _____ State: _____

All paid leave exhausted on: _____ at _____ am pm

LWOP (date/time): _____ at _____ am pm LWOP entered in LeaveTraq:

EPA submitted – take off payroll: (NOTE: indicate on EPA if FMLA or not FMLA) Notify Benefits if LWOP:

Date released to RTW with restrictions: _____ Restrictions: _____

Date released to RTW without restrictions: _____

FMLA/Parental Leave exhausted on: _____

EPA submitted – put on payroll: (if applicable) Unsuspend Accruals (if applicable): Add Accruals (if applicable):

All documents filed in "Confidential Medical Folder" in LaserFiche:

SLP Checklist

Met 160 hour requirement on: _____ at _____ am pm

All paid leave exhausted on: _____ at _____ am pm

SLP Request: Updated MCF: Anticipated RTW Date: _____ SLP Request Approved:
____ SLP hours granted from: _____ at _____ am pm – _____ at _____ am pm

SLP Request: Updated MCF: Anticipated RTW Date: _____ SLP Request Approved:
____ SLP hours granted from: _____ at _____ am pm – _____ at _____ am pm

SLP Request: Updated MCF: Anticipated RTW Date: _____ SLP Request Approved:
____ SLP hours granted from: _____ at _____ am pm – _____ at _____ am pm

SLP Request: Updated MCF: Anticipated RTW Date: _____ SLP Request Approved:
____ SLP hours granted from: _____ at _____ am pm – _____ at _____ am pm

Date released to RTW with restrictions: _____ Date released to RTW without restrictions: _____

Other notes: _____