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

[ ] Parental Leave:  [ ] Has not physically worked at least 1,250 hours with the last 12 months

[ ] 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: ___________

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 hours granted from: ___________ at _____ am [ ] pm – ___________ at _____ am [ ] pm

SLP Request: [ ]  Updated MCF: [ ]  Anticipated RTW Date: ___________

SLP hours granted from: ___________ at _____ am [ ] pm – ___________ at _____ am [ ] pm

SLP Request: [ ]  Updated MCF: [ ]  Anticipated RTW Date: ___________

SLP hours granted from: ___________ at _____ am [ ] pm – ___________ at _____ am [ ] pm

SLP Request: [ ]  Updated MCF: [ ]  Anticipated RTW Date: ___________

SLP hours granted from: ___________ at _____ am [ ] pm – ___________ at _____ am [ ] pm

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

Other notes: ________________________________________________________________________________