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:  
□ 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 80 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: ___________________________