

**Family & Medical Leave Act (FMLA)
Checklist
(For Human Resources Use)**

Employee Name: _____ EmplID: _____

Building: _____ Supervisor: _____

Employee Eligibility:		
Employee has worked a total of 12 months for the School District?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employee has worked 1250 hours in the previous 12-month period	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employee has used less than 12 weeks/480 hours (26 weeks/1040 hours if leave is for care of an injured service member) of FMLA in the current fiscal year	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employee eligible for FMLA (if 'Yes' to all of the above).	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Paid Leave Balances as of Last Day Worked: (Last Day Worked : _____)

Vacation (hours/days)_____	Sick (hours/days)_____	Family Illness (hours/days)_____	Personal (hours/days)_____
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FMLA Leave Balances:

FMLA Begin Date: _____ Why? _____

Continuous or Intermittent?: _____ 12-week Maximum Date: _____

FMLA Leave available for this absence: _____ weeks _____ days _____ hours

(Date) Process Checklist for employee requesting FMLA

	FMLA eligibility letter, notice of rights and appropriate certification form sent to employee
	Health Care Provider/Military Exigency/Injured Service Member certification form received
	FMLA approval/denial received from SBO
	FMLA designation letter sent to employee (FMLA: approved_____ denied_____)
	Payroll notified of FMLA designation (attendance related to FMLA for all staff not using Absence Management must be provided to Human Resources weekly)
	Human Resources must track FMLA absences in Software Unlimited

FMLA Leave Management:

FMLA End Date: _____ If 12-week FMLA maximum has been exhausted, indicate other leave type eligibility (if applicable): _____

(Date) Process Checklist for employee returning to work

	Fitness for Duty Certification returned (For employee's own serious health condition)
	Notification from employee of return to work date (Return date: _____)

(Date)	Recertifications/Return to work/Status update communications with employee

Additional Comments: _____
