FMLA Checklist

☐ 1. Is the employer a public agency? Note: Public agencies are covered regardless of numbers of employees. The State is one employer.

☐ 2. Is the employee eligible?
   - Has the employee worked for the State at least 12 months prior to the FMLA request? (The 12 months doesn’t need to be consecutive.)
   - Has the employee physically worked at least 1250 hours during the 12 months immediately preceding the FMLA request?

☐ 3. Does the employee’s absence qualify under the FMLA entitlement? (See agency policy or Regs.)
   - Is the absence for the birth of a child and/or to care for the newborn child (up to 12 months after birth.)
   - Is the absence for any medical reason related to child birth or prenatal care which renders the employee unable to work?
   - Is the absence for the placement of a child for adoption or foster care?
   - Is the absence to care for an employee’s spouse, child or parent with a serious health condition. (For definition of Spouse, child or parent see agency policy or Regs.)
   - Is the absence for the serious health condition of the employee?

☐ 4. Does the serious health condition qualify under the FMLA entitlement?

☐ 5. Is the employee entitled to intermittent leave (i.e. does it involve a serious health condition or prenatal care)? Did the employer obtain certification regarding duration and medical necessity of leave?

☐ 6. Has the employee attempted to schedule leave in a way that will avoid disrupting the employer’s daily operations? Agency can recommend if this is a possibility.

☐ 7. Will a reduced leave schedule be appropriate, per agency policy?
**FMLA Checklist**

1. Can the employer reassign the employee to another position better suited to accommodate the leave at the same rate of pay and benefits (not necessarily same duties and/or shift)?

2. Is the need for leave foreseeable and has the employee given the requisite 30 days notice?

3. Can the employer reassign the employee to part-time status which does not require the employee to take more leave than is necessary?

4. Has the employee been told that the leave will qualify as FMLA leave? Has the Form been sent out or given to the employee within a reasonable time (within one or two business days if feasible)?

5. Does the employee understand his/her duty to maintain health benefits during the leave?

6. Has the Physician Certification form been sent to the employee, along with information on where they can find a copy of the agencies policy on FML?

7. Will the employer send in addition to the Physician Certification a copy of the job description and/or statement of duties?

8. If the employer has not been able to confirm FMLA leave, has it made a preliminary designation? (Note: Written notice must be given if it is later learned that the leave was not qualifying).

9. Are circumstances present that would allow the employer to deny leave?

10. Has the employee failed to give timely advance notice? (*Employer may delay taking of leave until 30 days after the date of employee provides the employer with notice.*)

11. Has the employee failed to timely provide medical certification to substantiate the need for leave?

12. Has the employee failed to follow agency policy?
FMLA Checklist

☐ 14. Does the employer understand its obligations to reinstate to the same or equivalent position?

☐ 15. Will a fitness-for-duty certificate be required? Has the employee received notice of this prior to commencement of the leave? *Employees must be notified of this prior to*

☐ 16. Can the employer deny reinstatement?

☐ Had the employee failed to provide a requested Physician Certification form?

☐ Would the employee still be employed had leave not been taken?

☐ Did the employee unequivocally advise the employer of his/her intent not to return to work?

☐ Was the leave obtained by fraudulent means?

☐ Did the employee abide by the requirements set out in the FMLA policy.

Employee Name: _____________________________
FMLA Coordinator: __________________________
Date: ________________