

## FMLA MANAGEMENT CHECKLIST

*To Be Completed by Supervisor/Manager*

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This checklist was developed for your convenience to be sure that all phases of the leave have been completed. The checklist is for your internal departmental file.

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Department/Division \_\_\_\_\_

**( ) Check where appropriate**

\_\_\_\_\_ Appropriate leave documentation submitted

\_\_\_\_\_ Leave request from is completed

\_\_\_\_\_ Did employee provide 30-day notice prior to leave (if approved)? Yes \_\_\_ NO \_\_\_

If not, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Leave Approved \_\_\_\_\_ Leave Denied

Leave begin date: \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

Leave end date: \_\_\_\_\_

\_\_\_\_\_ Indicate the 12-week maximum date: \_\_\_\_\_

\_\_\_\_\_ Is a schedule of intermittent? Yes \_\_\_ NO \_\_\_

\_\_\_\_\_ Is a reduced schedule necessary? Yes \_\_\_ NO \_\_\_

\_\_\_\_\_ Paid Leave balances available

\_\_\_\_\_ of sick leave \_\_\_\_\_ of vacation leave \_\_\_\_\_ of floating holidays

\_\_\_\_\_ If 12-week FMLA maximum has been exhausted, is employee eligible for a different leave type? If so, please indicate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Is unpaid leave indicated? Yes \_\_\_ NO \_\_\_

\_\_\_\_\_ End date for principals or faculty eligible for salary continuation:

\_\_\_\_\_ HRAF completed, response and request form attached and sent to HR

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_