

FMLA MANAGEMENT CHECKLIST

To Be Completed by Supervisor/Manager

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: (last four digits only) _____

Department/Division _____

() Check where appropriate

_____ Appropriate leave documentation submitted

_____ Leave request form 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 _____