

**UNIVERSITY OF MINNESOTA
MANAGER'S FMLA CHECKLIST**

Name of employee requesting leave: _____
Date: _____
Employment Group: _____
Worksite location: _____

I. IS THE EMPLOYEE ELIGIBLE FOR FMLA LEAVE?

- A. Has the employee worked for the University for at least 12 months (even if not consecutively)?
_____ Yes. (Proceed to B.)
_____ No. *The employee is not eligible for FMLA leave.*
_____ If the employee requested leave for the employee's own serious health condition or for pregnancy/childbirth, consult with human resources regarding other applicable University leave policies.
_____ If the employee requested leave for adoption, placement of a child, or the serious health condition of a family member, give the employee a written memo indicating the ineligibility and when the employee would become eligible. A copy of the memo should be placed in the employee's personnel file. Consult with human resources regarding other applicable University leave policies.
- B. Has the employee been paid by the University for at least 1,250 hours during the last 12 months before the start of the leave?
_____ Yes. (Proceed to C.)
_____ No. *The employee is not eligible for FMLA leave.* Consult with human resources regarding other applicable University leave policies.
- C. Does the employee work at a worksite with 50 or more employees within a 75- mile radius?
_____ Yes. (Proceed to II.)
_____ No. *The employee technically is not eligible for FMLA leave;* however, please consult with human resources regarding whether any leave will be deemed FMLA eligible.

II. IS THE TIME OFF REQUEST FOR A REASON COVERED BY FMLA?

- A. Does the time off request fall within one of these categories? If yes, place a check by the correct category. If no, *the employee is not eligible for FMLA leave;* however, consult with human resources regarding other applicable University leave policies.
- _____ 1. Birth of a child.
 - _____ 2. Adoption or placement in foster care of a child.
 - _____ 3. Employee's own serious health condition:
 - _____ a. Inpatient care in a hospital, hospice, or residential medical care facility.
 - _____ b. Incapacity of more than three consecutive calendar days AND
 - _____ Two or more treatments by or under direct supervision of a health care provider – OR
 - _____ At least one treatment by a health care provider that results in a regimen of continuing treatment under the health care provider.
 - _____ c. Any incapacity due to pregnancy or for prenatal care.
 - _____ d. Any incapacity for a chronic serious health condition (requires periodic visits to a health care provider over an extended period of time and may cause episodic incapacity).
 - _____ e. Permanent/long-term incapacity due to a condition for which treatment may not be effective and requiring long-term supervision of a health care provider.
 - _____ f. Any absence to receive multiple treatments by or under orders of a health care provider for Restorative surgery after an accident/ injury – OR
 - _____ Condition likely resulting in incapacity of more than three consecutive calendar days in the absence of medical treatment.

- _____ 4. To care for a family member with a serious health condition:
- _____ a. Inpatient care in a hospital, hospice, or residential medical care facility.
 - _____ b. Incapacity of more than three consecutive calendar days AND
 - _____ Two or more treatments by or under direct supervision of a health care provider – OR
 - _____ At least one treatment by a health care provider that results in a regimen of continuing treatment under the health care provider.
 - _____ c. Any incapacity due to pregnancy or for prenatal care.
 - _____ d. Any incapacity for a chronic serious health condition (requires periodic visits to a health care provider over an extended period of time and may cause episodic incapacity).
 - _____ e. Permanent/long-term incapacity due to a condition for which treatment may not be effective and requiring long-term supervision of a health care provider.
 - _____ f. Any absence to receive multiple treatments by or under orders of a health care provider for
 - _____ Restorative surgery after an accident/ injury – OR
 - _____ Condition likely resulting in incapacity of more than three consecutive calendar days in the absence of medical treatment.

B. Factor in special FMLA leave limitations.

1. If the time off is requested for the birth, adoption, or placement of a child for foster care, will the time off be taken within 12 months of such event?
 - _____ Yes. (Proceed to III.)
 - _____ No. *The employee is not eligible for FMLA leave.* Consult human resources regarding possible other applicable University leave policies.

2. If the time off is requested to care for a family member with a serious health condition, is this an eligible family member? If yes, place a check by the correct category. If no, *the employee is not eligible for FMLA leave;* however consult with human resources regarding other applicable University leave policies.
 - _____ Spouse
 - _____ Registered same-sex domestic partner*
 - _____ Son or daughter (including biological, adopted, or foster child; stepchild; legal ward; or child of employee who is standing *in loco parentis*) who is:
 - _____ Under 18 years of age OR
 - _____ 18 years of age or older and incapable of self-care because of a mental or physical disability
 - _____ Parent (including biological or individual who stood *in loco parentis* to the employee)

III. FMLA LEAVE ENTITLEMENT CALCULATION

Compute the amount of FMLA leave time available to the employee. If the employee does not work a fixed work week, but works irregular hours (e.g., some overtime), compute the employee's average work week over the past 12 weeks prior to requesting this leave to determine the number of hours in average work week. Calculate the amount of FMLA available by starting with the date that the leave is to begin and looking back to July 1 to find out how much FMLA time the employee has used in the current fiscal year. Subtract the amount of time previously used from 12 weeks to determine how much time the employee can use for this leave. Based on this calculation, does the employee have any time available for an FMLA leave? Insert the amount of time the employee has left to take for the leave being requested: _____

If the employee does not have any FMLA time left, consult human resources regarding other applicable University leave policies.

IV. FMLA NOTIFICATION

- A. Give the employee the required FMLA written notice as soon as possible. (WHEN IN DOUBT, GIVE IT OUT!)

1. _____ Insert the date you learned that the employee needed time off.

* While University policy treats leave to care for a registered same-sex domestic partner FMLA leave, please note that such leave is not counted against an employee's FMLA 12-week-leave entitlement.

_____ Insert the date you gave the employee the FMLA notice. A copy of the notice should be included in the employee's personnel file.

2. Indicate in your working file that the employee is taking an FMLA leave, the date it started, the hours of the leave if less than a full day, and the estimated date of return to work. Direct that the FMLA leave designation be entered in the employee's PeopleSoft record.

- B. FMLA Medical Certification should be provided for any serious health condition.

An employee should provide a medical certification for FMLA leave for a serious health condition (of either the employee or the family member). Send the employee the "University of Minnesota Certification of Health Care Provider" form with the FMLA written notice and require that it be completed and returned in a timely manner.

FMLA documentation that contains confidential medical information (e.g., diagnosis, type of treatment, type of medication) must be sent to Disability Services-Employee Services for filing. Confidential medical information cannot be kept in the employee's departmental personnel file.

- C. Notify other employees as necessary regarding the employee being on leave. Do not describe the leave as a "medical" leave or divulge details regarding the reasons for the leave except to those who need to know that information.

V. PLANNING A RETURN TO WORK

- A. Does the FMLA medical certification provide for a specific return-to-work date?

_____ Yes. Depending on the length of the leave, communicate with the employee days to weeks before the provided return-to-work date to confirm the employee's intent and ability to return to work on that date. Consult with human resources regarding applicable University policies and contracts requiring medical certification for fitness for duty. Consult with Disability Services-Employee Services if the employee needs any work adjustments to return to work.

_____ No. Seek the assistance of human resources to communicate with the employee regarding establishing a return-to-work date. Medical recertification may be required every 30 days if necessary. Consult with human resources and Disability Services-Employee Services if the employee is unable to return to work by the end of the 12-week FMLA leave.