

Employee Information			
Employee Name		Date notified of FML request	
Employee ID		How were you notified of the request (trigger)?	
Phone Number	Home:	FML Start Date	
	Cell:		
Address	Home email:		
	Home printer?		
Mailing Address			
Supervisor Name and ext.		Anticipated FML End Date	

Employee Eligibility	
<input type="checkbox"/> Employee has at least 12 months State service (does not have to be consecutive)	
<input type="checkbox"/> For temporary employees, has worked at least 1,250 hours in 12 months preceding the leave	
<input type="checkbox"/> Check FML Forecast Report (ZH62) as of FML Start Date for remaining entitlement Report run date: _____ Report start date: _____ FML Balance: _____	
Qualified Reason for Leave: <input type="checkbox"/> Serious Health Condition <input type="checkbox"/> Addition of a Child <input type="checkbox"/> Care of a Family Member <input type="checkbox"/> Active Duty Family Leave <input type="checkbox"/> Family Military Caregiver Leave	Qualified Individual: <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Legal Guardian/Ward <input type="checkbox"/> Qualified Military Service Member

FML Eligibility Actions	
Complete Employee Information Session/Packet	
Method: <input type="checkbox"/> in person <input type="checkbox"/> certified mail <input type="checkbox"/> email with disclaimer statement Employee Representative (if applicable): _____ Contact info: _____ Date provided to Employee (within 5 business days of FML request): _____	
___ Issue "Poster" and review FML Rights and Responsibilities with employee (including entitlements, duration of leave, pay, health benefits, STD etc.)	
___ Issue completed Notice of Eligibility Rights and Responsibilities form to employee Beginning Leave Balances: Sick Leave: Annual Leave: Comp time: Alternate Holiday:	
___ Attach FML Forecast report (ZH62) as of FML begin date to Notice of Eligibility	

___ Provide demonstration and instruction to employee on how to access Employee FML Balance Report (SAP Portal ESS)

___ Provide required forms to employee for completion

___ FML Certification document or Work Status Report. Date provided _____
Date Certification due (15 calendar days from date issued): _____

___ Fitness to Return form (if applicable). Date provided _____

___ [Short Term Disability Information letter](#) Date provided _____

Obtain percentage duty statements from PDQ (if applicable)

___ Establish check-in expectations during leave (if applicable)

Establish confidential employee FML file containing copies of all documents related to FML event (separate from personnel file)

Issue Designation Notice to extend Certification deadline 7 calendar days (if not received within 15 calendar days)

Date extension Designation Notice issued: _____

Date second extension Designation Notice issued: _____

Evaluate Certification form

Date Certification Received: _____

Issue Designation Notice with Appointing Authority signature and updated FML Forecast Report attached (as of designation date) within **5 business days** of receiving Certification or if deadline passes

Certification complete – FML approved

Certification complete – FML denied (notify ER/L)

Certification is insufficient/incomplete – request for additional information

Certification complete – second or third opinion requested

Certification was not received by extended deadline – FML denied (notify ER/L)

Date Designation Notice and FML Forecast Report issued: _____

Email immediate supervisor, second level supervisor, and Appointing Authority indicating expected frequency of absences

Date Email Sent: _____

Add copy of email to Employee FML file

Recording and Tracking FML

Create approved FML workbench (PTFMLA) **ONLY AFTER CERTIFICATION RECEIVED AND DESIGNATION SIGNED**

Review/enter FML absences on the timesheet

Review Low Balance Report monthly

Adjust FML absences as needed (required due to Workers' Comp letters, report reconciliation, etc.)

Complete Claim Status Update form, as needed (for Workers' Comp employees)

Notify Payroll if any LWOP is needed (by the 15th of the month)

Request Recertification (as necessary)

Date Recertification Requested: _____

Date Recertification Designation Notice Completed: _____

Request Fitness to Return (as necessary)

Date Requested: _____

Date Submitted: _____

Completing the Process

Send system generated FML Low Balance report letter to the employee, immediate supervisor, and second level supervisor within **3 business days** of report run date (as applicable)

Date(s) Sent (retain copy of email or proof of mailing): _____

Notify Appointing Authority and Supervisors of anticipated return or inability to return

Notify Appointing Authority, Supervisors, and FML Program Manager of any work restrictions

Inform employee, Appointing Authority, and CRM that FML is exhausted

Date FML Exhausted: _____ **Date Notification Sent:** _____

Refer to CRM for any permanent work restrictions and/or ADA accommodations required

Date Referral Made _____ **Who Contacted** _____

For Workers' Comp cases, submit final Claim Status Update to Risk Management

- Notify primary timekeeper to resume timekeeping duties for employee
- Reconcile and make necessary revisions on the timesheet to ensure all FML absences approved and balance is not below zero
- Update FML workbench end date
- Destroy hardcopy of FML file **3 years AFTER FML event is completed**
Date to Shred: _____

Comments/Notes: