



University of Massachusetts Employer's Family Medical Leave Checklist

If an employee requests leave, or does not formally request leave but is out of work due what might be an FMLA-covered matter or an it is your responsibility to provide that employee:

- the Employer's Family/Medical Leave Request Checklist, *and*
- Certification of Health Care Provider *that corresponds to the nature of the leave*. If the leave is for his/her own serious health condition – also provide a copy of the employee's job description for the physician's reference in determining ability to perform the job & any medically required accommodation, *and*
- The "Your Rights Under the FMLA" document.
- Within five business days* of the employee's implied need for leave, provide the employee a completed Notice of Eligibility and Rights & Responsibilities (WH-381 form)

In response to an employee submitting a Certification of Health Care Provider or other medical/legal documentation implying a need for leave you must:

- Within five business days*, provide the employee a completed Designation Notice (WH-382)
- provide the employee written confirmation of:
 - a. the dates for which you have approved the leave (or what additional information is needed)
 - b. requirements during the leave, eg:
 - i. the method and frequency that the employee must be in contact with you,
 - ii. additional medical information or recertification which will be required during the leave,
 - c. the date by which the employee must submit a:
 - i. medical release to return and perform the essential functions of his/her job (*unless* this is a parental leave or a leave to care for a family member who is suffering from a serious health condition), *or*
 - ii. a request for extended leave,
 - iii. a request for accommodation (if necessary) in order for you to have time to review/respond to the request before the employee returns to work.
 - d. a copy of the employee's job description (unless this is a parental leave or a leave to care for a family member who is suffering from a serious health condition) in order that the physician thoroughly review the employee's ability to return and perform the essential functions of his or her position

- Write to the employee during his/her leave if he/she is not meeting the leave requirements.
- Send to Human Resources:
 - copies of all completed FMLA documents and written communications related to the leave, and
 - if leave is not covered under workers' compensation: Personnel Action Forms placing the employee on leave...
 - Action/reason:
 - PLA/FML if paid leave, FMLA covered & not intermittent
 - PLA/IFM if paid leave, FMLA covered & intermittent
 - LOA/FML if unpaid leave, FMLA covered & not intermittent
 - PLA/LWP (Health) if paid leave and *not* FMLA covered
 - LOA/HEA if unpaid leave & *not* FMLA covered
 - ...and returning the employee from leave (RFL/RFL) effective the date the employee is scheduled to return to work
- Submit time & attendance for the employee as agreed upon (or in keeping with instructions provided by Human Resources if Sick Leave Bank benefits have been approved)
- Obtain a medical release to return the employee to perform the essential functions of his/her position before allowing him/her to return and perform work.