University of Massachusetts
Employer’s Family/Medical Leave Checklist

If an employee does not formally request leave but is out of work due to a serious health condition (or regularly calling in sick for the same/related reason) it is your responsibility to provide that employee:

☐ the Employee’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
☐ FMLA Notice of Eligibility and Rights & Responsibilities form & “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

continued
☐ if leave is not intermittent and not covered under workers’ compensation: Personnel Action Forms placing the employee on leave…

   Action/reason: PLA/FML if paid leave & FMLA covered
   LOA/FML if unpaid leave & FMLA covered
   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.