

Employer's Family / Medical Leave Request Checklist

If an employee requests leave, or the University is “on notice”, it is the University’s obligation to secure any rights/protections to which the employee may be entitled by following the standard leave administration process.

Within 5 business days of being “on notice”, provide the employee:

- ☐ The [Employee’s Family/Medical Leave Request Checklist](#), and
- ☐ [Certification form](#) *that corresponds to the nature of the leave*. If the leave is for his/her own serious health condition, and
- ☐ If the situation is related to the employee’s own Serious Health Condition (SHC) also provide a copy of the employee’s position description, and
- ☐ A completed federal Family Medical Leave Act/[FMLA Notice of Eligibility and Rights & Responsibilities](#) (WH-381 form).

Provide the employee 15 calendar days to return the completed leave application (written request for leave and completed Certification form).

Within 5 business days of receiving a completed Certification form (or other medical/legal documentation) respond to the employee’s request for leave, either:

- ☐ Providing written explanation of what about the Certification is incomplete, providing an additional 7 calendar days to provide fully completed Certification, or
- ☐ Determine employee’s leave eligibility,
 - Issuing notice of denial of permissive leave having consulted with and received approval from Human Resources, or
 - Following Leave Approval process.

Leave Approval process

- ☐ Provide employee a Leave Approval Letter including:
 - The dates of the approved leave
 - Requirements to maintain approved leave (eg, method and frequency that the employee must be in contact with UMass
 - If the leave is not a parental leave, the date by which the employee must submit either a:
 - i. If the leave is due to the employee’s own health condition: medical release to return and perform the essential functions of his/her job, or
 - ii. A written request for extended leave (containing date of intended return to work) with supporting documentation.

Provide the completed [FMLA Designation Notice](#) with the leave approval letter (WH-382)

- ☐ Submit a Personnel Action Form to Human Resources (exception: if employee has an approved Workers’ Compensation claim).

- ☐ Submit time & labor for the employee as reflected in the leave approval letter. Exceptions, if the employee has an approved:
 - Workers' Compensation claim, consult with Human Resources regarding time/labor
 - Sick Leave Bank/SLB application, refer to SLB approval letter for instructions
 - MA Paid Family Medical Leave Act (PFML) approval, consult with Human Resources regarding time/labor
- ☐ Write to the employee during his/her leave if he/she is not meeting the leave requirements.
- ☐ If employee returns to work part-time while transitioning back to a full-time position, submit a Personnel Action Form (PLA/IFM: paid leave of absence / intermittent family-medical)
- ☐ When the employee has returned to their full position:
 - Submit Personnel Action Form to Human Resources returning employee from leave (RFL/RFL).
 - Send all leave documents to Human Resources.