

Family & Medical Leave (FML) Checklist

Employee Name: _____ PID: _____

Department: _____ Supervisor: _____

Employee Eligibility:		
Employee has worked at least 12 months for Fairfax County Government.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employee has worked at least 1,250 hours over the previous 12 months before the date when the leave is requested to commence.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employee eligible for FML, if 'Yes' to both of the above.	<input type="checkbox"/> No	<input type="checkbox"/> Yes

FMLA Leave Balances: Initial FMLA Begin Date: _____

FML Leave used during current FML year: _____ weeks _____ days _____ hours

FML Leave available during current FML year: _____ weeks _____ days _____ hours
(Maximum of 12 weeks or 480 hours based on 40 hour workweek and prorated accordingly.)

(Date)	Process Checklist for employee requesting FML
	<p>Notice of Eligibility, Rights & Responsibilities (Form WH-381 <i>explaining rights, conditions, etc.</i>) must be given to employee within 5 business days after notification and/or commencement of FML event.</p> <p><input type="checkbox"/> Original – Employee <input type="checkbox"/> Copy – DHR FML Administrator <input type="checkbox"/> Copy - Department</p>
	<p>If medical, Certification of Health Care Provider (Form WH-380-E) and job description is given to employee with above Notice of Eligibility.</p> <p><input type="checkbox"/> Original – DHR FML Administrator</p>
	<p>If for a Qualifying Exigency, Certification of Qualifying Exigency is given to employee with above Notice of Eligibility.</p>
	<p>Certification form is returned by employee or health care practitioner in <u>at least 15 calendar days</u> from date of Notice of Eligibility.</p>
	<p>If certification is incomplete, employee must be notified in writing and provided 7 calendar days to correct deficiency. Please consult with DHR FML Administrator.</p>
	<p>If applicable, give the Adult Child FMLA Eligibility Form to employee with Certification of Health Care Provider to determine if adult child has a disability as defined by ADA.</p>
	<p>Designation Notice (Form WH-382) given to the employee within 5 business days of receipt of completed certification form.</p> <p><input type="checkbox"/> Original – Employee <input type="checkbox"/> Copy – DHR FML Administrator <input type="checkbox"/> Copy - Department</p>
	<p>Complete FML Certification Info Data Sheet to capture information necessary to track and follow-up for FMLA recertification. <input type="checkbox"/> Retain in Department</p>
	<p>Time & Attendance record coordinated with employee for leave usage.</p>
	<p>Notification of FML Expiration sent to the employee 2 weeks prior to expiration of FML entitlement.</p>
	<p>FML Fitness-for-Duty Certification received prior to or on the first day employee reports back to work.</p>

Additional Comments: _____