

UCSF FAMILY AND MEDICAL LEAVE

Department Checklist

This checklist may be used when an employee requests a leave of absence for medical or family care reasons.

	Last	First	Middle Initial
Employee's Name:			
Department:			
Employee Information Packet:	<input type="checkbox"/> Rights and Obligations under FML <input type="checkbox"/> Leave of Absence Request <input type="checkbox"/> Medical Certification	<input type="checkbox"/> Return to Work Certification <input type="checkbox"/> Employee's Job Description <input type="checkbox"/> FML Benefits Checklist	
Date Provided to Employee:	By:	Method:	
_____	_____	<input type="checkbox"/> In Person <input type="checkbox"/> By Mail (proof of service)	

ELIGIBILITY REQUIREMENTS

<p>Requested start date: _____</p> <p>Employee has:</p> <p><input type="checkbox"/> at least 12 months cumulative University service</p> <p><input type="checkbox"/> worked at least 1250 hours. in 12 mos. prior to start date.</p> <hr/> <p>FML is normally limited to 12 weeks in a 12-month period (special rules apply to combined leaves for birth and care of newborn). Has this employee used FML leave during this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remaining entitlement for federal FML? _____ weeks.</p> <p>Remaining entitlement for State FML, if different. _____ weeks.</p>	<p>Reason for Leave:</p> <p><input type="checkbox"/> own serious health condition (except pregnancy disability)</p> <p><input type="checkbox"/> pregnancy disability</p> <p><input type="checkbox"/> to care for a newborn</p> <p><input type="checkbox"/> to care for a newly adopted child, or a child recently placed into employee's foster care</p> <p><input type="checkbox"/> to care for a child, spouse, or parent with a serious health condition</p>
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Is employee eligible for FML?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ACTIONS

<input type="checkbox"/> Received Medical Certification (if applicable) Date: _____	<input type="checkbox"/> Copy of approved (or denied) Leave Request Form given to employee: Date: _____	To Personnel Transactions: <input type="checkbox"/> Copy of approved Leave Request Form <input type="checkbox"/> PAF Date: _____
To Benefits/Payroll: <input type="checkbox"/> Copy of approved Leave of Absence Request Form. Date: _____	<input type="checkbox"/> Received Absence Notices/Time Sheets <input type="checkbox"/> Reduced Schedule Agreement (if applicable) Date: _____	<input type="checkbox"/> Received Return to Work Certification (if applicable) Date: _____

Whether leave is approved or denied, all documents pertaining to FML leave which is covered by the provisions of Federal law are to be retained for at least 3 years. All medical records should be maintained in a **confidential manner**.

<input type="checkbox"/> FML Department Checklist <input type="checkbox"/> FML Benefits Checklist <input type="checkbox"/> Return to Work Certification (if applicable)	<input type="checkbox"/> Leave of Absence Request Form <input type="checkbox"/> Rights and Obligations under FMLA <input type="checkbox"/> Record of Reduced Schedule	<input type="checkbox"/> FML Medical Certification (if applicable) <input type="checkbox"/> Record of Disputes (if any) <input type="checkbox"/> All correspondence
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