

EMPLOYEE FMLA CHECKLIST

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Name _____ Dates _____

Leave for _____

__ Leave information reviewed / eligibility confirmed

__ Department manager notified about the leave

* must be done prior to leave started

__ PTO balances reviewed (sick, vacation, personal, comp.)

__ Contacted benefits to review insurance options (if leave is unpaid)

__ Contacted Parking Services to discontinue the parking permit (if needed)

__ Application for leave submitted on _____ (date)

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__ Completed Medical paperwork submitted to FMLA office on _____ (date)

__ Department manager notified leave was approved

__ Time off reported to payroll (API, TimeClock or MyUT Leave Reporting Tool)

* must be done for every pay period during the leave

__ Intermittent absences reported to FMLA Source

* must be done within 24 hours of absence

__ Return to Work } Œ I • o] % o } u % o š Ç š } submitted to HR () _____ (date)

* must be done prior to reporting to work

__ Department manager was notified about the return-to-work date prior to returning to work

__ Returned to work on _____ (date)