**Employee’s FMLA Checklist**

1. **PRIOR TO TAKING LEAVE:**

**Submit Request for Family and Medical Leave Act,** Form Y, to Supervisor for their signature (30 days in advance)

Meet with Human Resource to go over Employee Acknowledgment portion of Form Y.

If leave is for your, or for a family member’s, serious health condition, you must provide a medical verifications (filled out by a Health Care Provider) form, Form X, stating that you have a serious health condition or that you are needed to care for a family member’s serious health condition. Form X must be submitted within 15 days of leave request or before leave begins if leave is foreseeable.

Have a health Care Provider and Human Resource (with input from employee’s Supervisor) approve a work schedule for intermittent or reduced leave if such leave is needed.

Submit approved work schedule to Human Resource and to Supervisor.

1. **DURING LEAVE**

If taking Leave Without Pay, make timely contributions payments for all supplemental insurance if not prepaid. Make such payments to the Human Resource office by the first of each month.

Inform the Human Recourse office of any change in address or telephone number while on leave.

Inform the Human Resource office of any change in your status or circumstances.

Submit a new Request for Family and Medical Leave, Form Y, if an extension of FMLA is needed. Form Y must be submitted by the 10th week, two (2) weeks prior to the end of the twelve week leave period, of your FMLA Leave.

II **RETURING FROM FMLA LEAVE**

Provide Human Resource with a Certification of Fitness for Duty, Form Z, from your Health Care Provider stating that you are fit to return to work. Must be submitted before employee can return to work.

Inform Supervisor that you are able to return to work. Supervisor and employee will agree on a return date.