

Employee's FMLA Checklist**I. 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.

II. 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. RETURNING 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.