Family & Medical Leave (FML) Checklist

Employee Name: PID: Department: Supervisor:

Employee Eligibility:				
Employee	has worked at least 12 months for Fairfax County Government.	□No	□Yes	
Employee has worked at least 1,250 hours over the previous 12 months before the date when the leave is requested to commence.			□Yes	
Employee	eligible for FML, if 'Yes' to both of the above.	□No	□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				
	Notice of Eligibility, Rights & Responsibilities (Form WH-381 <i>explaining riahts. conditions, etc.)</i> must be given to employee within 5 business days after notification and/or commencement of FML event. □ Original - Employee □ Copy - DHR FML Administrator □ Copy - Department			
	If medical, Certification of Health Care Provider (Form WH-380-E) and job description is given to employee with above Notice of Eligibility. d Original - DHR FML Administrator			
	If for a Qualifying Exigency, Certification of Qualifying Exigency is given to employee with above Notice of Eligibility.			
	Certification form is returned by employee or health care practitioner in at least 15 calendar days from date of Notice of Eligibility.			
	If certification is incomplete, employee must be notified in writing and provided 7 calendar days to correct deficiency. Please consult with DHR FML Administrator.			
	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.			
	Designation Notice (Form WH-382) given to the employee within 5 busine of completed certification form. □ Original - Employee □ Copy - DHR FML Administrator □ Copy	ss days - Depar		
	Complete FML Certification Info Data Sheet to capture information necessa follow-up for FMLA recertification. □ Retain in Department	ary to tra	ck and	
	Time & Attendance record coordinated with employee for leave usage. Notification of FML Expiration sent to the employee 2 weeks prior to expirat entitlement.	tion of F	ML	
	FML Fitness-for-Duty Certification received prior to or on the first day emp to work.	oloyee re	eports back	

Additional Comments: