

EMPLOYEE FMLA CHECKLIST

(For employee's personal use. Please do not submit to HR)

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, etc.)

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

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

__ Application for a leave submitted on _____ (date)

__ Doctor's office received paperwork on _____ (date)

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

__ Department manager notified leave that 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 slip completed by the doctor's office was submitted to HR on _____ (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)