

Human Resources
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FAMILY AND MEDICAL LEAVE PROCESS AND ELIGIBILITY CHECKLIST FOR SUPERVISORS

When your employee makes an absence or leave request, you must be prepared to review each request (usually) within two business days to determine if Family & Medical Leave (FML) may apply. You have both the right and the responsibility to designate leave requests as FML when it applies, even if your employee does not specifically ask for FML.




In order to proceed with the checklist below, you should gather sufficient information about the leave request in order to determine the appropriate policy application and to understand your employee's proposed leave needs. Questions that you might ask are:

- What is the duration of the continuous leave or frequency of intermittent absences? Obtain specific dates, even if tentative.
- What is the reason for the leave? Ask about who the leave is for (employee or which specific family member).
- If due to the employee's or family member's incapacity or treatment, is there involvement by a health care provider? Avoid discussion about the specific medical condition.
- When will the employee be able to return to work and is it anticipated there will be any restrictions on the employee's performance or duties and/or work schedule?
- Is the employee's illness or injury work-related? If so, the procedures for the worker's compensation process and making a report of the illness or injury are available on the University's Risk Management website at <http://risk.arizona.edu/insurance/workerscomp.shtml> or you may contact Risk Management at 626-3626 with your questions.

1. Is Your Employee Eligible for FML?

Note for Supervisors: Your department business/payroll representative can access a FML Calculator at www.hr.arizona.edu/07_sep/lvmgmt/fmlCalculator/ and the employee's departmental time records to assist you with answering the following questions in section 1 below (1a, 1b, and 1c).

- a) Does your employee have at least 12 months of cumulative University service? Yes No
- b) Does your employee have at least 1,250 hours worked at the University during the 12 month period preceding the date the requested FML is proposed to begin? (Paid and unpaid absences, such as those covered by vacation time or sick time, are not included when adding the hours worked.) Yes No

	<p>c) Does your employee have an available balance of FML to take for the current leave request? (Deduct all FML used during the 12 month period preceding the date the requested FML is proposed to begin. FML cannot exceed 12 work weeks in any 12 month period.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p><i>If NO to any of the questions in section 1 above (1a, 1b, or 1c), the employee is ineligible for FML because he/she does not meet the FML eligibility criteria.</i></p> <p><i>Use the “Employer Response to Employee Regarding Family and Medical Leave” form available at www.hr.arizona.edu/forms.php to notify your employee that he/she is ineligible for FML. Provide this notice to the employee within 2 business days (usually) of the request for leave and send a copy of the form (and the employee’s request and certification, if available) to Human Resources Leave Management.</i></p>
	<p><i>If YES to all of the questions in section 1 above (1a, 1b, <u>and</u> 1c), proceed to section 2 below.</i></p>
<p>2. Does Your Employee Have a Qualifying Reason for FML?</p>	
	<p>a) Birth of your employee’s child and the care of such newborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>b) Placement of a child with your employee for adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>c) Placement of a child with your employee for foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>d) Serious Health Condition (your <u>employee’s own serious health condition</u> that prevents him/her from performing the essential functions of his/her job, or the care of your <u>employee’s spouse, child, or parent with a serious health condition</u>) involving one or more of the following:</p>
	<p>i. Inpatient care, including any period of incapacity and subsequent treatments related to the same? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>ii. Incapacity of more than 3 calendar days with treatment by a health care provider 2 or more times? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>iii. Incapacity of more than 3 calendar days with one treatment by a health care provider resulting in a regimen of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>iv. Prenatal care or incapacity due to pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>v. Incapacity (or treatment) due to a chronic serious health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>vi. Incapacity, permanent or long term, for which treatment may not be effective? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>vii. Absence for multiple treatments for restorative surgery, radiation, physical therapy, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p><i>If NO to all of the questions in section 2 above (2a, 2b, 2c, 2d), the employee is ineligible for FML because he/she does not have a FML qualifying reason.</i></p> <p><i>Use the “Employer Response to Employee Regarding Family and Medical Leave” form available at www.hr.arizona.edu/forms.php to notify your employee that he/she is</i></p>

ineligible for FML. Provide this notice to the employee within 2 business days (usually) of the request for leave and send a copy of the form (and the employee's request and certification, if available) to Human Resources Leave Management.



If YES (or MAYBE) to any of the questions in section 2 above (2a, 2b, 2c, or 2d), proceed to section 3 below.

3. Gather Documentation – Preliminary Designation

a) Has your employee submitted a “Request for Family and Medical Leave” Yes No form (available at www.hr.arizona.edu/forms.php) to you? Has the employee answered all the questions completely, including providing a specific qualifying reason and the proposed leave period(s)?

b) If the request is for a serious health condition (in 2d above), has your Yes No employee submitted a “FML Certification of Health Care Provider” form (available at www.hr.arizona.edu/forms.php) to you? Has the health care provider answered all of the applicable questions completely, including providing which category of serious health condition applies and the proposed leave needs?



If NO to question 3a (and/or if applicable 3b), proceed to notify your employee that he/she may be eligible for FML (a preliminary designation) however complete documentation is required before you can make a final decision. Use the “Employer Response to Employee Regarding Family and Medical Leave” form available at www.hr.arizona.edu/forms.php to provide the employee with this notification within 2 business days (usually) of the request for leave and send a copy to Human Resources Leave Management.

While awaiting the requested documentation, you may need to also proceed with tentative application of FML time recording (see section 5 below) for absences falling under this request.



If YES to 3a and (if applicable) 3b, proceed to section 4.

4. Final Decision on FML

a) Does your employee meet all of the FML eligibility requirements in Yes No section 1?

b) Has your employee supplied complete information/documentation that Yes No demonstrates a FML qualifying reason (section 2) and the need for leave?

c) Are you clear about the proposed leave period(s) under consideration for Yes No your approval?



If NO to any of the questions in section 4 (4a, 4b, or 4c), you may contact your assigned Organizational Consultant in Human Resources Consulting Services at 621-7701 (see direct contact list at www.hr.arizona.edu/aboutHRCS.php) or HR@AHSC at 626-2600 for consultation about your leave decision and any obligations or options to remedy the issue(s).

If the concern is not remedied, you then use the “Employer Response to Employee Regarding Family and Medical Leave” form available at www.hr.arizona.edu/forms.php to notify your employee that he/she is ineligible for FML. Send a copy of your response form (and the employee’s request and certification, if available) to Human Resources Leave Management.



If YES to all of the questions in section 4 (4a, 4b and 4c), use the “Employer Response to Employee Regarding Family and Medical Leave” form available at www.hr.arizona.edu/forms.php to notify your employee of your final decision to approve FML.

5. Time Recording

You and your employee are responsible for maintaining an accurate record of FML. FML is recorded as follows:

- Employee must first use accrued sick time, recorded as FS (Family & Medical Leave Using Sick) on the time sheets. (See worker’s compensation notes below, if applicable)
- Employee then may elect to use accrued vacation time after sick time is exhausted, recorded as FV (Family & Medical Leave Using Vacation) on the time sheets.
- Employee will be on unpaid FML after sick time is exhausted and any elected vacation is used, recorded as FA (Family & Medical Leave Unpaid) on the time sheets. (See compassionate transfer of leave note below, if applicable)

Worker’s Compensation Note: Absences for work-related illness or injury must be designated as FML if your employee is eligible and has a qualifying reason. During the waiting period for worker’s compensation claim approval, your employee must use accrued sick time. If the employee begins receiving worker’s compensation payments, your employee may elect to use accrued sick time and then elect to use accrued vacation time in amounts not to exceed gross earnings.

Compassionate Transfer of Leave Note: If your employee is on leave due to a catastrophic illness or injury for themselves or a family member (‘catastrophic’ is defined as a serious incapacity of more than 45 calendar days), he/she may apply for the Compassionate Transfer of Leave program to receive contributions of vacation hours (no funds are transferred) from other employees in lieu of taking an unpaid absence. Approval of Compassionate Transfer of Leave is at your discretion. If approved, the leave still must be designated as FML if your employee is eligible and has a qualifying reason.

Compensatory Time Note: A non-exempt employee may request to use any available compensatory time for FML. If you permit the use of compensatory time, the absence is paid from your employee’s earned balance of compensatory time but may not be counted against the employee’s 12 workweeks of FML.

6. Recertification

You may require your employee to submit subsequent recertifications no more frequently than every 30 calendar days unless an extension or modification of leave is requested. If there are changed circumstances regarding the serious health condition or information arises that questions the validity of the earlier certification, you can also require recertification at that time.

7. Repeat Process for Each Extension or New Absence Request

You have the right to be kept informed of any changes in your employee's need for leave. When your employee makes a modification, extension, or new absence request, the process for review of the leave against FML eligibility and corresponding documentation is repeated.

Human Resources Contacts

If you need assistance with processing FML, call your designated Leave Advisor on the Human Resources Leave Management Team (621-3662).

If you need consultation on your rights, responsibilities, and business decisions as a supervisor, call your designated Organizational Consultant. For main campus, contact Human Resources Consulting Services at 621-7701 (*see direct contact list at www.hr.arizona.edu/aboutHRCS.php*). For AHSC, contact HR@AHSC at 626-2600.