

## HR FMLA CHECKLIST

*Instructions: The HR rep for the employee's department must complete this checklist each time an employee requests leave.*

Employee name:

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Date that the employee requested leave:

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Date that employee received the **Notice of Eligibility and Rights & Responsibilities** and, if necessary, the **Medical Certification** (no more than **5 business days** after the employee requested leave):

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Due date for Medical Certification (15 calendar days after Medical Certification Form provided):

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Date employee returned Medical Certification to HR rep (if necessary):

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Date that employee received **Notice of Designation** (no more than **5 business days** after having enough information to determine if the leave is FMLA qualifying):

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Date Employee began FMLA leave:

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Date ePAR initiated:

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Date Employee plans to return to work:

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Date that the employee returned a completed Return to Work Certification (if required in the Designation Notice):

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