

HR FMLA CHECKLIST

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

Employee name:

Date that the employee requested leave:

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):

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

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

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):

Date Employee began FMLA leave:

Date ePAR initiated:

One month prior to the end of the FMLA medical leave, reach out to the employee to confirm the anticipated return date hasn't changed. If it has, contact Diane.Gaboriault@uvm.edu to discuss.

Date Employee plans to return to work:

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