

FAMILY & MEDICAL LEAVE (FML) ELIGIBILITY CHECKLIST

Central Michigan University

Employee Name:	
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1) EMPLOYEE ELIGIBILITY:

<input type="checkbox"/>	Employed at least 12 months at CMU (The 12 months need not be consecutive)
<input type="checkbox"/>	Has worked at least 1250 hours in the last 12 months (Does not include paid vacation, sick or personal time)

**If either box is not checked, see #5 for notification to the employee*

2) THIS LEAVE IS FOR: (Complete 2a, b, or c)

**If 2a, b, or c do not apply, see #5 for notification to the employee*

a. Employee/Qualifying Family Member (Family or Medical Leave)

<input type="checkbox"/>	Employee
<input type="checkbox"/>	Qualifying Family Member
<input type="checkbox"/>	Child under 18 (18 or older if incapable of self-care due to disability)
<input type="checkbox"/>	Parent
<input type="checkbox"/>	Spouse or Other Eligible Individual (as defined in the OEI pilot program)

FML QUALIFYING REASON: (Check One)

<input type="checkbox"/>	Birth of a child	<input type="checkbox"/>	Placement of child for adoption	<input type="checkbox"/>	Placement of child for foster care
<input type="checkbox"/>	Serious Health Condition involving one of the following:				
<input type="checkbox"/>	Inpatient Care (i.e. overnight stay) in a hospital, hospice or medical care facility - includes any period of incapacity and subsequent treatments related to same				
<input type="checkbox"/>	Incapacity of more than 3 consecutive, full calendar days with treatment 2 or more times within 30 days of leave				
<input type="checkbox"/>	Incapacity of more than 3 consecutive, full calendar days with one treatment resulting in therapy or prescription				
<input type="checkbox"/>	Prenatal care or incapacity due to pregnancy				
<input type="checkbox"/>	Incapacity (or treatment) due to chronic serious health condition				
<input type="checkbox"/>	Incapacity (permanent or long term) for which treatment may not be effective				
<input type="checkbox"/>	Absence for multiple treatments for restorative surgery, chemotherapy, radiation, physical therapy, etc				

b. Covered Servicemember (Regular Armed Forces, National Guard or Reserves)

Injury/Illness incurred in the line of duty that renders the servicemember medically unfit to perform the duties of their grade, rank, or rating. Eligible employee must be one of the following to take FMLA leave for an injured covered servicemember:

<input type="checkbox"/>	Son/Daughter (any age)	<input type="checkbox"/>	Parent	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	OEI	<input type="checkbox"/>	Next of kin
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c. Qualifying Exigency for Military Family Leave

<input type="checkbox"/>	- Son/Daughter/Parent/Spouse/OEI in the National Guard or Reserves on Qualifying Active Duty Status
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<input type="checkbox"/>	Short-notice deployment activities	<input type="checkbox"/>	Non-routine military events/activities	<input type="checkbox"/>	Child care/school activities
<input type="checkbox"/>	Financial/legal arrangements	<input type="checkbox"/>	Counseling activities	<input type="checkbox"/>	Rest/recuperation activities
<input type="checkbox"/>	Post-deployment activities	<input type="checkbox"/>	Other qualifying activities		

3) HAS PROPER CERTIFICATION BEEN SUBMITTED?

<input type="checkbox"/>	Employee must submit the proper certification (1 of 4) based on leave type. (www.hrs.cmich.edu/emp/leave-forms.htm)
2a	Certification for Health Care Provider for Employee's or Family Member's Serious Health Condition
2b	Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave
2c	Certification of Qualifying Exigency for Military Family Leave

4) DETERMINE HOW TIME WILL BE CHARGED

<input type="checkbox"/>	Vacation, Sick, Family Sick, Personal, Unpaid or any combination. If unpaid time exceeds a full pay period an official leave of absence must be processed using an Unpaid Leave of Absence form.
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5) GIVE NOTICE TO EMPLOYEE

<input type="checkbox"/>	Complete the Eligibility & Leave Notification form within 5 business days . Staff/Student employees: send a copy of the notification to HR/Employment Services, Rowe 109. Faculty: send a copy to Faculty Personnel Services, Warriner 308.
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6) RECORD TIME PROPERLY

<input type="checkbox"/>	If paid time, also record as LS for employee or LD for dependent, parent, OEI or spouse.
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7) FOLLOW UP ON PERIODIC REPORTS, RECERTIFICATION, OR FITNESS FOR DUTY RETURN TO WORK.

If you need FMLA assistance, call Employment & Compensation (3753) or Faculty Personnel Services (3368)