

# FAMILY & MEDICAL LEAVE (FML) ELIGIBILITY CHECKLIST

Central Michigan University

<b>Employee Name:</b>	
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**1) EMPLOYEE ELIGIBILITY:**

	Employed at least 12 months at CMU (The 12 months need not be consecutive)
	Has worked at least 1250 hours in the last 12 months (Does not include paid time off)

*\*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)**

	Employee
	Qualifying Family Member
	Child under 18 (18 or older if incapable of self-care due to disability)
	Parent
	Spouse or CMU Registered Other Eligible Individual (as defined in the OEI Program Description)

**FML QUALIFYING REASON: (Check One)**

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

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

Serious injury or illness incurred in the line of duty on active duty or aggravation of pre-existing injury/illness.

Eligible employee must be one of the following to take FMLA leave for an injured covered servicemember:

Son/Daughter (any age)	Parent	Spouse	OEI	Next of kin
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**c. Qualifying Exigency for Military Family Leave**

	- Son/Daughter/Parent/Spouse/OEI on Covered Active Duty
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*Check all that apply below*

Short-notice deployment activities	Non-routine military events/activities	Child care/school activities
Financial/legal arrangements	Counseling activities	Rest/recuperation activities
Post-deployment activities	Other qualifying activities	

**3) HAS PROPER CERTIFICATION BEEN SUBMITTED?**

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

**4) EXPLAIN HOW TIME WILL BE CHARGED**

	Vacation, Sick, Sick Family, Personal, Comp time, as applicable. HR/FPS will transition employees to an unpaid leave of absence as necessary. Employees on a continuous leave may elect to leave up to forty (40) hours of vacation and/or compensatory time banked (if applicable), which must be noted on the eligibility & leave notification.
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**5) GIVE NOTICE TO EMPLOYEE**

	Complete the <b>Eligibility &amp; Leave Notification</b> form within <b>5 business days</b> of receiving notice of need for leave. <b>Staff:</b> send a copy of the notification to Human Resources, Rowe 109. <b>Faculty/GA's:</b> send a copy to Faculty Personnel Services, Warriner 308.
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**6) RECORD TIME PROPERLY**

	In addition to recording paid time appropriately, also record 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.**