

**FAMILY & MEDICAL LEAVE (FML) ELIGIBILITY CHECKLIST**  
**Central Michigan University**

<b>Employee Name:</b>	
-----------------------	--

**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 - 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 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:

<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
--------------------------	------------------------	--------------------------	--------	--------------------------	--------	--------------------------	-----	--------------------------	-------------

**c. Qualifying Exigency for Military Family Leave**

<input type="checkbox"/>	- Son/Daughter/Parent/Spouse/OEI on Covered Active Duty
--------------------------	---

*Check all that apply below*

<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. ( <a href="http://www.hrs.cmich.edu/emp/leave-forms.htm">www.hrs.cmich.edu/emp/leave-forms.htm</a> )
<input type="checkbox"/>	2a Certification for Health Care Provider for <b>Employee's</b> or <b>Family Member's</b> Serious Health Condition
<input type="checkbox"/>	2b Certification for Serious Injury or Illness of <b>Covered Servicemember</b> for Military Family Leave
<input type="checkbox"/>	2c Certification of <b>Qualifying Exigency</b> 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 <b>Unpaid Leave of Absence</b> form.
--------------------------	---

**5) GIVE NOTICE TO EMPLOYEE**

<input type="checkbox"/>	Complete the <b>Eligibility &amp; Leave Notification</b> form within <b>5 business days</b> . 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.
--------------------------	---

**6) RECORD TIME PROPERLY**

<input type="checkbox"/>	If paid time, also record as LS for employee or LD for dependent, parent, OEI or spouse.
--------------------------	--

**7) FOLLOW UP ON PERIODIC REPORTS, RECERTIFICATION, OR FITNESS FOR DUTY RETURN TO WORK.**