

FAMILY & MEDICAL LEAVE ELIGIBILITY CHECKLIST

This checklist is a tool to assist supervisors in determining if an employee qualifies for Family & Medical Leave. If you have any questions, please call Human Resources @ 774-2010 or Faculty Personnel Services @ 774-3368.

Employee's Name:		Campus ID#:	
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1. Employee Eligibility Requirements: *(check all that apply)*

	Employee has worked at least 12 months at CMU (the 12 months need not be consecutive and all employment counts including student and temporary assignments).
	Employee has worked at least 1,250 hours in the last 12 months (does not include any paid time off, i.e., holiday, sick, personal, comp time, vacation).

**If either box is not checked, see #4 for notification to the employee.*

2. Relationship: Who is the leave for?

	Employee (self)
	Qualifying Family Member: <ul style="list-style-type: none"> Child under 18 (18 or older if incapable of self-care due to disability) Parent Spouse or CMU registered OEI

**If either box is not checked, the leave is not covered under the FMLA.*

Please contact HR @ ext. 2010 for staff or FPS @ ext. 3368 for faculty to discuss other leave options that may be available.

3. Reason: Is the reason for leave one of the following?

	1. Birth of a child or placement of a child for adoption or foster care
	2. Serious Health Condition involving one of the following (for employee or family member): <ul style="list-style-type: none"> Inpatient care – overnight stay in a hospital, hospice or medical care facility (includes any period of incapacity and subsequent treatment) Incapacity of more than 3 full consecutive calendar days with one visit to a healthcare provider resulting in therapy or prescription Incapacity of more than 3 full consecutive calendar days with a visit to a healthcare provider 2 or more times within 30 days of the start of the leave Prenatal care or incapacity due to pregnancy Incapacity (or treatment) due to a chronic serious health condition for which you see a healthcare provider at least two times a year for Incapacity (permanent or long term) for which treatment may not be effective Absence for multiple treatments for restorative surgery, chemotherapy, radiation, physical therapy, etc.
	3. Because of a qualifying exigency arising out of the fact that the employee's spouse, OEI, child, parent or next of kin is on covered active duty or call to covered active duty status with the armed forces.
	4. Because the employee is the spouse, OEI, child, parent, or next of kin of a covered servicemember with a serious illness or injury.

**If none of these reasons apply, the leave is not covered under the FMLA.*

Please contact HR @ ext. 2010 for staff or FPS @ ext. 3368 for faculty to discuss other leave options that may be available.

4. Notification: When and what notice do I provide the employee?

	Within 5 business days of being notified of an employee's need for leave , complete the Notice of Eligibility & Rights and Responsibilities form: <ul style="list-style-type: none"> Indicating employee is not eligible for FMLA if both eligibility requirements are not checked in Employee Eligibility Requirements section. Indicating employee is eligible for FMLA if both eligibility requirements are checked and a relationship and reason are checked.
	Email the completed notification to the employee along with the appropriate medical certification form and cc: chris2e@cmich.edu for staff, bethk1km@cmich.edu for faculty.
	When HR/FPS receives sufficient medical certification, the appropriate office will contact you with next steps.