

**Family and Medical Leave Act (FMLA)
Supervisor's Checklist**

This checklist was developed for your convenience to be sure that all phases of the leave have been completed. The checklist is for your internal departmental file.

Employee's Name	
Social Security Number	
Department	

(✓) Check where appropriate

_____ Appropriate leave documentation submitted

_____ Leave request form is completed

_____ Did employee provide 30-day notice prior to leave (if approved)? Yes ___ NO ___
If not, why? _____

_____ Leave Approved _____ Leave Denied
Leave begin date: _____ Why? _____
Leave end date: _____

_____ Indicate the 12-week maximum date: _____
(Date)

_____ Is a schedule of intermittent or a reduced schedule necessary? Yes ___ NO ___

_____ Paid Leave balances available
_____ of sick leave
_____ of vacation leave
_____ of floating holidays

_____ If 12-week FMLA maximum has been exhausted, is employee eligible for a different leave type? If so, please indicate _____

_____ Is unpaid leave indicated? Yes ___ NO ___

_____ End date for principals or faculty eligible for salary continuation: _____

_____ HRAF completed, response and request form attached and sent to HR

Supervisor's Signature _____ Date _____