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| **Family and Medical Leave (FML) Department**  **Checklist for academic employees**  This checklist may be used when an employee requests a leave of absence for medical or family reasons. | | | | | | | | | | | | 2/02 |
| Employee Name: | Last: | | | | | | First: | | | Middle Initial: | | |
| Department: | | | | | | | | | | | | |
| Employee Information Packet: | | | | | | | | | | | | |
| Employee's Job Description  Declaration of Relationship | | | Cover memo provisionally designating leave as FML, if necessary  Leave of Absence Request | | | | | | FML Benefits Checklist  Return to Work Certification | | Rights and Obligations under FML  Medical Certification | |
| Date Provided to Employee: | | | |  | By: | | | | | Method:  In Person  Certified Mail (Return Receipt Requested) | | |
|  | | | |  |  | | | | |
| **ELIGIBILITY REQUIREMENTS** | | | | | | | | | | | | |
| Requested start date: | |  | | | | Reason for Leave: | | | | | | |
| Employee has:  at least 12 months cumulative service.  worked at least 1,250 hrs. in 12 mos. prior to start date. | | | | | | Own Serious Health Condition (Except Pregnancy Disability)  Pregnancy Disability  To Care for a Newborn  To Care for a Newly Adopted Child, or a Child Recently placed into Employee's Foster Care  To Care for a Child, Spouse, or Parent With a Serious Health Condition | | | | | | |
| Is employee eligible for FML?  Yes  No | | | | | | | | | | | | |
| FML is normally limited to 12 weeks in a 12-month period (special rules apply to combined leaves for birth and care of newborn). Has this employee used FML leave within the past 12 months?  Yes  No; If yes, when did leave year begin? | | | | | | | | | | | | |
| Remaining entitlement for federal FML?     weeks. Remaining entitlement for state FML, if different.     weeks. | | | | | | | | | | | | |
| **PAID VS. UNPAID** | | | | | | | | | | | | |
| Research APM Policies on the academic series | | | | | | | | Verify leave accrual code on Payroll Personnel System | | | | |
| Does employee accrue vacation leave?  Yes  No | | | | | | | | Does employee accrue sick leave?  Yes  No | | | | |
| If academic employee accrues vacation and/or sick leave, accrued paid leave may be substituted for unpaid leave in accordance with UCR’s FML Basic Requirements/Campus Guidelines, Section H. For Academic appointees who do not accrue sick leave and/or vacation leave, Chancellors may approve leave with pay. | | | | | | | | | | | | |

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| **ACTIONS** | | | | | | | |
|  |  | | To Academic Personnel (AP): | | | | Academic Personnel will send a copy of the Approved or Denied leave forms to the Employee, Department, Dean’s Office, Benefits, and Payroll.  Received Copy of Approved or Denied Leave Request Form from Academic Personnel Office |
|  | Leave of Absence Request | |  | | Declaration of Relationship (if applicable) | |
|  | Academic Leave Form (UPAY 573) | |  | | Leave of Absence Request | |
|  | Received Medical Certification (if applicable) | |  | | Academic Leave Form (UPAY573) | |
|  | Declaration of Relationship, if necessary | |  | | Medical Certification (if applicable) | |
|  | | Copy of Cover Memo w/Provisional Designation of the Leave as FML | |
|  | | |  | | | |  |
| Date: | | | Date: | | | | Date: |
|  | Received Absence Notices/Time Sheets (if applicable) | |  | Received Return to Work Certification (if applicable) | | | Entered into PPS |
| Date: | | | Date: | | | | Date: |
|  | | | | | | | |
| Whether leave is approved or denied, all documents (see checklist below) pertaining to FML leave covered by the provisions of Federal law are to be retained for at least three (3) years. All medical records should be maintained in a confidential manner. | | | | | | | |
| * FML Department Checklist * FML Benefits Checklist * All Correspondence Pertaining to the leave | | * Leave of Absence Request Form * Rights and Obligations under FMLA * Part-Time Work Agreement (if applicable) | | | | * FML Medical Certification (if applicable) * Return to Work Certification (if applicable) * Declaration of Relationship (if applicable) | |

RETN: 3 YEARS