

FMLA SUPERVISOR'S CHECK LIST

INSTRUCTIONS

This check list is intended to serve as a guide to the FMLA process, and is not intended to answer all questions regarding a specific individual's situation. Questions regarding the process or the specific situation, not answered by this check list, should be discussed with Axiom HRS.

The check list is divided into eight (8) steps. With each step, items to be considered under that step are listed. Each individual FMLA occurrence is different. Not all items for consideration will apply to all FMLA occurrences. Upon reviewing the check list, check only the items that apply to the given occurrence.

Those check list items highlighted by Bold Red print, indicate additional forms that will need to be completed, (as well as the timeframe in which they must be provided to the employee and/or returned by the employee), or critical steps in the process.

All entries into the Axiom HRS system to appropriately record the FMLA time, will be completed by Axiom HRS. Recording of paid time off must be completed by the Supervisor, in the pay period in which it occurs, during the routine weekly processing of timesheets. Training on how to properly record this will be completed by Axiom HRS or a senior manager at Flagship.

This check list, along with all other documentation associated with the FMLA time, must be provided to Axiom HRS, and retained in the employee's medical records folder. All information within the documentation is STRICTLY CONFIDENTIAL, and must not be shared with any individual who does not have a need to know the information.

Employee Name _____ Date _____

EMPLOYEE NOTIFICATION/EXPERIENCE OF TIME OFF



<input type="checkbox"/>	Employee calls indicating the need to be away from work for 3 or more days
<input type="checkbox"/>	Employee has been off work for 3 straight days
<input type="checkbox"/>	Employee asks for time off to take family member (spouse, child under age 18, or parent) to a Doctor's appointment
<input type="checkbox"/>	Employee asks for time off to take care of a family member (spouse, child under age 18, or parent) who has a serious health condition
<input type="checkbox"/>	Employee calls in sick, stating a re-occurring chronic illness (i.e., migraine headaches)
<input type="checkbox"/>	Employee announces upcoming birth of child
<input type="checkbox"/>	Employee references upcoming medical treatment (i.e., surgery)
<input type="checkbox"/>	Employee references spouse, child, or parent's military deployment to a foreign country
<input type="checkbox"/>	Employee references the need to care for a family member (spouse, child, parent, or next-of-kin) who is a covered service member with a serious health condition incurred in the line of duty

REVIEW OF ELIGIBILITY



<input type="checkbox"/>	Employee has worked for the company for at least 12 months
<input type="checkbox"/>	Employee has worked 1,250 hours in the preceding 12 months
<input type="checkbox"/>	Employee has not utilized 12 weeks of FMLA within the previous 12 months
<input type="checkbox"/>	Employee has provided 30 days' notice of a foreseeable need for FMLA
<input type="checkbox"/>	Employee has provided notice ASAP for an un-foreseeable need for FMLA
<input type="checkbox"/>	Employee is/is not a "key" employee
<input type="checkbox"/>	Employee's illness or condition meets the definition of Serious Health Condition
<input type="checkbox"/>	Employee's family member meets the definition of Covered Family Member
<input type="checkbox"/>	Employee's military family member meets the definition of Covered Service Member and Covered Family Member and Covered Health Condition

COMMUNICATION



<input type="checkbox"/>	Complete all parts of Form WH-381 - Notice of Eligibility within 5 days of notice from employee
<input type="checkbox"/>	Complete Section I of Form WH-380-E, WH-380-F, or WH-384 (whichever is applicable) and provide to employee along with a copy of their job description within 5 days of notice from employee
<input type="checkbox"/>	Provide Form WH-385, or WH-385-V to employee within 5 days of notice from employee
<input type="checkbox"/>	Inform employee of deadline for returning documentation – 15 days from receipt
<input type="checkbox"/>	Inform employee that a fitness of duty statement is required at time of reinstatement
<input type="checkbox"/>	If employee is "key" employee, advise the employee that reinstatement is NOT guaranteed



FOLLOW UP

<input type="checkbox"/>	Follow up to ensure that medical documentation is received by the deadline
<input type="checkbox"/>	If documentation is not received, notify employee in writing of the expired deadline and inform the
<input type="checkbox"/>	employee that there will be a delay in granting the leave until documentation is received



REVIEW OF DOCUMENTATION

<input type="checkbox"/>	Review completed forms submitted by employee
<input type="checkbox"/>	Determine if medical certification is sufficient
<input type="checkbox"/>	States the date on which the serious health condition commenced
<input type="checkbox"/>	States the probable duration of the condition
<input type="checkbox"/>	States the appropriate medical facts regarding the condition
<input type="checkbox"/>	Statement that employee is unable to perform functions of position
<input type="checkbox"/>	States that the employee is needed to care for family member and an estimate of time needed
<input type="checkbox"/>	States dates needed for treatment & duration of treatment (for intermittent)
<input type="checkbox"/>	Determine if there is reason to doubt validity of certification
<input type="checkbox"/>	Request 2 nd Opinion if necessary
<input type="checkbox"/>	Determine if Military forms are complete and sufficient
<input type="checkbox"/>	Provide copies of Form WH-381, WH-380-E, WH-380-F, WH-384, WH-385, or
<input type="checkbox"/>	WH-385-V to Operations Director and FMLA@Axiomhrs.com
<input type="checkbox"/>	DO NOT CONTACT THE EMPLOYEE'S PHYSICIAN



FINAL DETERMINATION

<input type="checkbox"/>	Receive input from Axiom HRS regarding approval/denial of leave
<input type="checkbox"/>	Request a 2 nd Opinion and arrange for physician visit, if necessary
<input type="checkbox"/>	Request additional information, if necessary – providing employee 7 calendar days to return
<input type="checkbox"/>	Approve leave, if appropriate
<input type="checkbox"/>	Deny leave, if appropriate
<input type="checkbox"/>	Complete Form WH-382 and provide to employee within 5 days of receipt of Certification
<input type="checkbox"/>	Advise employee of the need to make payments to cover their portion of the benefits cost
<input type="checkbox"/>	Record any paid time off that is being used during leave during the weekly processing of timesheets



Follow Up (Axiom HRS Responsibility)

<input type="checkbox"/>	Prior to date of leave expiration, unless employee has advised otherwise, advise employee that a
<input type="checkbox"/>	re-certification is required for leave to continue beyond the original expiration date
<input type="checkbox"/>	Provide additional forms to employee for re-certification, if necessary
<input type="checkbox"/>	Inform Supervisor of employee's intent to return to work

REINSTATEMENT



<input type="checkbox"/>	Ensure that employee provides a Fitness for Duty Certificate upon return to work
<input type="checkbox"/>	Review Fitness for Duty Certificate and provide a copy to FMLA@Axiomhrs.com
<input type="checkbox"/>	Ensure that employee is returned to previous position or comparable position
<input type="checkbox"/>	Ensure that employee receives any benefits that he/she would have otherwise been entitled to, were it not for their time on FMLA (i.e., non-discretionary bonuses)