Handling Family and Medical Leave Requests
Checklist for Supervisors

This information is a general summary of the steps to follow when considering a request or need for family medical leave for staff or hourly employees. An employee may request a leave or may provide you with information to make you aware of absences that may be eligible for FMLA protection. In either case take the following steps to determine if FMLA applies to the employee.

☐ Step 1 – Receive or Initiate the Request for FMLA

Complete Section 1 of the Notice of Designation, Request, and Approval Form (FMLA Form #1) if you become aware that the reason for an absence may qualify for FMLA (even if the employee does not request FMLA). If the employee requests FMLA leave, Sections 1 and 2 should be completed by the employee.

☐ Step 2 – Determine Eligibility and Qualifying Reason

Within 5 business days of receipt or initiation of FMLA Form #1, the department is to notify the employee if eligibility and qualifying reason requirements are met. If the requirements are not met, proceed to Step 9.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Qualifying Reason</th>
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<tbody>
<tr>
<td>Both of the following requirements must be met:</td>
<td>Leave must be due to one of the following reasons:</td>
</tr>
<tr>
<td>1. The employee:</td>
<td>□ Birth of a child and to care for the newborn child</td>
</tr>
<tr>
<td>□ Has worked for IU at least 12 months.</td>
<td>□ Placement of a child through adoption or foster care</td>
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<tr>
<td>□ Has not worked for IU at least 12 months.</td>
<td>□ To care for the employee’s</td>
</tr>
<tr>
<td>Employee has only ______ months of service with IU.</td>
<td>□ spouse/same-sex domestic partner</td>
</tr>
<tr>
<td>▪ Employment does not have to be continuous.</td>
<td>□ child/child of the same-sex domestic partner</td>
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<tr>
<td>▪ If a break in service exceeds seven years, the period of employment prior to the break is not counted.</td>
<td>□ parent</td>
</tr>
<tr>
<td>2. The employee:</td>
<td>□ next of kin</td>
</tr>
<tr>
<td>□ Has worked 1,250 hours in the 12 months immediately preceding the need for leave.</td>
<td>who is a covered service member with a serious injury or illness incurred in the line of duty</td>
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<tr>
<td>□ Has not worked 1,250 hours in the 12 months immediately preceding the need for leave.</td>
<td>□ A qualifying exigency arising out of the employee’s</td>
</tr>
<tr>
<td>Employee has worked only ______ hours in the preceding 12 months.</td>
<td>□ spouse/same-sex domestic partner</td>
</tr>
<tr>
<td></td>
<td>□ child/child of the same-sex domestic partner</td>
</tr>
<tr>
<td></td>
<td>□ parent</td>
</tr>
<tr>
<td></td>
<td>who is a covered service member on active duty in support of a contingency operation</td>
</tr>
</tbody>
</table>

If leave is for a child, the child is ____ years old.
Within 5 business days the supervisor completes Section 3 and returns the form to the employee. There are three options within this section: 1) the leave is approved, 2) the leave is denied, or 3) additional information is necessary before the leave can be approved.

- **The leave is approved.**
  - If the leave is for the birth or placement of a child and eligibility is met, check the first box in Section 3, and return a copy of the form to the employee. Medical certification is not required. Proceed to Step 6.
  - If the leave is for a serious health condition, eligibility is met, and complete and sufficient medical certification is provided, check the fourth box in Section 3, fill in the date medical certification was received, and return a copy of the form to the employee. Proceed to Step 6.
  - If the leave is for a qualifying exigency or military caregiver leave, eligibility is met, and complete and appropriate certification is provided, check the fourth box in Section 3, fill in the date certification was received, and return a copy of the form to the employee. Proceed to Step 6.

- **The leave is denied.**
  - If the employee does not meet eligibility requirements, did not provide medical certification, has already used 12 weeks of FMLA, or the leave request does not qualify for FMLA, proceed to Step 9.

- **Additional information is needed.**
  - If the leave is for a serious health condition, a qualifying exigency or military caregiver leave, proceed to Step 4.

**Step 3 – Complete Section 3 of the Notice of Designation, Request, and Approval Form**

**Step 4 – Request Medical Certification**

If the FMLA leave is for a serious health condition (of the employee, spouse, parent, or child), medical certification is required.

- If the leave request is for the employee’s serious health condition, give the employee:
  - A copy of FMLA Form 1 with the request for medical certification
    (Check the second box in Section 3 and fill in the date medical certification is due.)
  - FMLA Form 2E, Medical Certification for Employee with Section 2 completed
  - A copy of the employee’s essential job functions
  - FMLA Form 3, Intent to Return and Fitness for Duty/Medical Release

- If the leave request is for the employee’s spouse, child or parent’s serious health condition, give the employee:
  - A copy of FMLA Form 1 with the request for medical certification
    (Check the second box in Section 3 and fill in the date medical certification is due.)
  - FMLA Form 2F, Medical Certification for Family

- If the leave request is for a qualifying exigency or military caregiver leave, give the employee:
  - A copy of FMLA Form 1 with the request for certification
    (Check the second box in Section 3 and fill in the date certification is due.)
  - DOL Form WH-384, Certification of Qualifying Exigency for Military Family Leave or
  - DOL Form WH-385, Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave
☐ Step 5 – Review Medical Certification and Approve or Deny the FMLA

When the medical certification form is returned by the employee, within five business days of receipt, review the form to ensure it is complete and sufficient.

- If the medical certification is complete and sufficient, review the information and make a final determination to approve or deny the FMLA. Complete Section 3 of FMLA Form 1 by checking the fourth box, fill in the date medical certification was received, and return a copy of the form to the employee.
- If the medical certification is incomplete and insufficient, check the third box in Section 3, fill in the date the complete medical certification is due, identify the information needed to make the certification complete and sufficient, and return a copy of the form to the employee.
- If the medical certification is still incomplete and insufficient, the department may choose to clarify/authenticate the medical certification. Contact Employee Relations for details.
- The department may request a second opinion. Contact Employee Relations for details.

☐ Step 6 – Record FMLA Time Used

Following the approval of FMLA leave:

- Track the use of FMLA leave on the FMLA Tracking Sheet
- If requested by the employee, provide the number of hours of FMLA leave used
- Process a leave of absence edoc if the employee will be in unpaid status for 30 days or more

☐ Step 7 – Request Recertification, if appropriate

The supervisor may request recertification of the need for FMLA leave, if appropriate. Recertification is requested in conjunction with an absence:

- Every 30 days if the minimum duration of the leave is 30 days or less
- Every six months if the minimum duration of the leave is six months or more
- Less than 30 days if:
  - The employee requests an extension of the leave
  - Circumstances in the previous certification have changed significantly
  - Information is received that casts doubt on the reason for the absence

☐ Step 8 – Prepare for the Employee’s Return

- If the FMLA leave is for the employee’s serious health condition, the employee must return the completed FMLA Form 3, Intent to Return and Fitness for Duty/Medical Release, signed by the health care provider before the employee can return to work.
- If the employee will not be returning to work as indicated on Section 2 of FMLA Form 3, the university’s obligation under the FMLA is complete, and the employee is to be separated from employment.
Step 9 – Deny the FMLA, if applicable

- If the employee does not meet eligibility requirements, did not provide medical certification, has already used 12 weeks of FMLA, or the leave request does not qualify for FMLA, check the appropriate box in the “Leave of absence denied” portion of FMLA Form 1 at the top of the second page, and return a copy of the form to the employee. If eligibility requirements are not met, be sure to complete the months or hours the employee has worked.
- A discretionary leave of absence may be granted. Follow university policy for handling this type of leave.