

**FMLA / PARENTAL LEAVE
CHECKLIST FOR EMPLOYEES**

The purpose of this checklist is to assist employees who are requesting Family and Medical Leave or Parental Leave. It is for **employee use only** and should **not** be sent to Human Resources

- ☐ Request Family and Medical Leave/Parental Leave from your supervisor 30 days prior to the start of the leave for all foreseeable qualifying events (such as birth, scheduled surgery, adoption/foster care placement) or as soon as practical (within 2 business days for events that were not foreseeable).
- ☐ Complete the [FMLA/Parental Leave Request and Notice Form](http://hr.fsu.edu). Forms can be found on the Human Resources website at <http://hr.fsu.edu>.
- ☐ Contact your Benefits Representative in Human Resources to discuss payment options for your portion of benefit premiums at 850-644-4015.
- ☐ Ensure that your health care provider completes the FMLA/Parental Leave Health Care Provider Certification within 15 days of receiving the *FMLA Notice of Eligibility and Rights & Responsibilities* and the FMLA Health Care Provider Certification from the FMLA Administrator. Note that your leave is only tentatively designated as FMLA/Parental Leave-protected until your health care provider certification is completed and returned.
- ☐ Return the FMLA/Parental Leave Health Care Provider Certification to the FMLA Administrator in Human Resources at Mail Code 2410 or confidential fax 850-645-9510.
- ☐ If you meet all eligibility requirements, your leave will be authorized as FMLA-protected under the Family and Medical Leave Act of 1993.
Eligibility guidelines are as follows:
 - You must have been employed by FSU for a total of 12 months. These 12 months do not have to be consecutive.
 - You must have worked at least 1,250 hours in the immediate 12 months preceding the requested leave.
 - You must return the required completed medical certification that outlines your qualifying event under FMLA.
- ☐ If approved for FMLA/Parental Leave, you may be able to use accrued leave (sick, annual, compensatory, and personal holiday) in conjunction with your FMLA/Parental Leave to remain in pay/partial pay status. Please discuss your accrued leave options with your supervisor prior to beginning your leave.
- ☐ At the end of your leave, you may be required to present a fitness for duty certification from your health care provider to your supervisor.
- ☐ If your return date changes, let your supervisor know within 2 days of your original return date, if possible. In order to renew or extend your FMLA protected leave, you must present a new medical certification.

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