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. 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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