FAMILY MEDICAL LEAVE

State Classified



Checklist for Requesting Leave

This is a general summary of steps to follow when requesting family medical leave (FMLA). The <u>13-week</u> FMLA leave entitlement (12 weeks Federal, 1 week State FMLA), prorated for employees who are less than full-time is calculated on a "rolling" 12-month period measured backward from the date an employee uses any FMLA leave; the remaining leave would be the balance which has not been used during the immediately preceding 12 months. A 30-day advance notice should be provided. If a 30-day notice is not possible, notice should be provided as soon as practical.

Step 1 – Determining Eligibility for FMLA
The following requirement must be met:
You have worked for Colorado State University (CSU) for at least 12 months
Employment does not have to be continuous
 If a break in service exceeds seven years, the period of employment prior to the break is not counted
Step 2 – Determining a Qualifying Reason for FMLA
FMLA must be due to one of the following reasons:
Birth of a child and to care for the newborn child
Placement of a child through adoption or foster care
To care for the employee's:
spouse or common-law spouse
child or child of the spouse or common-law spouse (under age 18)
parent
with a serious health condition
with a serious health condition
Employee's serious health condition
To care for the employee's:
Spouse or common-law spouse
child or child of the spouse or common-law spouse (under age 18)
parent
next of kin
who is a covered service member with a serious injury or illness incurred in the line of duty
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A qualifying exigency arising from the employee's:
Spouse or common-law spouse
child or child of the spouse or common-law spouse (under age 18)
parent
who is a covered service member on active duty in support of a contingency operation
and the control of th
Step 3 – Request for FMLA
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Required: You must communicate your request to be absent from work by following your department's normal notification procedures
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FMLA may be requested by the employee or initiated by department under the following circumstances:
The employee requests leave
→OR←
The employee has called in sick for three consecutive days and requires time off due to a serious health condition
→OR←
The employer has been notified that an employee may have the need for an FMLA qualifying reason

Step 4 – Required Forms and Documentation Medical Certification If your need is determined to be a qualifying reason, your department will be notified of your eligibility and that the qualifying reason requirements are met. If your need is for your own or your family member's serious health condition, you will be provided: Notice of Rights and Responsibilities State of Colorado Medical Certification Form – Employee's Health Condition \rightarrow OR \leftarrow State of Colorado Medical Certification Form – Family Member's Health Condition Required: Medical Certification forms are due within 15 calendar days of the date of the Notice of Rights and Responsibilities. If the leave request is for a qualifying exigency or military caregiver leave, you will receive: **Notice of Rights and Responsibilities** Certification of Qualifying Exigency for Military Family Leave →OR← Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave Step 5 – Receiving Status of FMLA Request Required: Return the State of Colorado Medical Certification Form to the HR/Payroll Liaison in your department. Once a completed medical certification form is returned to your department; you will be notified within 5 business days of receipt whether: Your FMLA is approved Additional information is needed on the medical certification form Clarification or authentication of the certification is required A second opinion is required Additional information will be requested, if: the leave is for a serious health condition, a qualifying exigency, or military caregiver leave and complete and sufficient certification is not received (you will have 7 calendar days to cure any deficiencies) Step 6 – Use of FMLA Time Following the approval of FMLA leave: You must communicate your request to be absent from work by following your department's normal notification procedures Consult with your supervisor and make a reasonable effort to schedule leave for planned medical treatment (appointments, etc.) so it does not disrupt the department's operations if the FMLA is intermittent You are required to use paid time-off accruals before leave without pay can be taken If you will be in leave without pay status for more than 30 calendar days, contact Human Resources (970-491-MyHR (6947)) to make arrangements for continuation of your health care benefits and options for short term disability Keep track of FMLA leave taken and if necessary request the number of FMLA hours used from your supervisor or **HR/Payroll Liaison** You may be required to provide periodic recertification supporting the need for continued FMLA leave, depending on your condition and duration Step 7 – Returning to Work If the FMLA leave is for your serious health condition, a Fitness to Return Certificate must be completed by your health care provider before you return to work If you will not be returning to work, notify your supervisor of your decision as soon as possible Step 8 – FMLA Request Denied If you do not meet eligibility requirements, did not provide medical certification, have already used 13 weeks (12 weeks Federal, 1 week State FMLA) or the leave request does not qualify, your FMLA request will be denied