



FMLA

Family Medical Leave Act

FMLA LEAVE CHECKLIST FOR EMPLOYEES

The purpose of this checklist is to assist employees who are requesting Family and Medical Leave.

- ❑ Request Family and Medical 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).
- ❑ Contact HR Benefits department to complete the FMLA leave request and notice form at 727-341-3096.
- ❑ Ensure that your health care provider completes the FMLA 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 leave-protected until your health care provider certification is completed and returned.
- ❑ Return the FMLA Leave Health Care Provider Certification to the FMLA Administrator in HR Benefits Department via fax number 727-499-4603 or in person at Epi-services, room 102.
- ❑ 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 SPC 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 Leave, you may be able to use accrued leave (sick, vacation, compensatory, and personal leave) in conjunction with your FMLA 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 FMLA Administrator.
- ❑ 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.