

## HR FMLA CHECKLIST

Instructions: The HR rep for the H P S O Department must complete this checklist each time an employee requests leave.

Employee name:

---

Date that the employee requested leave:

---

Date that employee received the Notice of Eligibility and Rights & Responsibilities and, if necessary, the Medical Certification (no more than 5 business days after the employee requested leave):

---

Due date for Medical Certification (15 calendar days after Medical Certification Form provided):

---

Date employee returned Medical Certification to HR rep (if necessary):

---

Date that employee received Notice of Designation (no more than 5 business days after having enough information to determine if the leave is FMLA qualifying):

---

Date Employee began FMLA leave:

---

Date PAR initiated:

---

One month prior to the end of the FMLA medical leave, reach out to the employee to  
FRQILUP WKH DQWLF LSDWHG UHWXUQ GDWH KD VQ ¶ W F K D Q J  
Diane.Gaboriault@uvm.edu to discuss.

Date Employee plan to return to work:

---

Date that the employee returned a completed Return to Work Certification (if required in the Designation Notice):

---