



CITY OF MEMPHIS

Handling FMLA Requests Checklist for Division

This information is a general summary of the steps to follow when considering a request or need for family medical leave for staff or hourly employees. An employee may request a leave or may provide you with information to make you aware of absences that may be eligible for FMLA protection. In either case take the following steps to determine if FMLA applies to the employee.

Complete **Section 1** of the Notice of Designation, Request, and Approval Form (FMLA Form #1) if you become aware that the reason for an absence may qualify for FMLA (even if the employee does not request FMLA). If the employee requests FMLA leave, **Sections 1 and 2** should be completed by the employee.

Within 5 business days of receipt or initiation of FMLA Form #1A, the division is to notify the employee if eligibility and qualifying reason requirements are met. If the requirements are not met, proceed to Step 9.

Eligibility	Qualifying Reason
<p>Both of the following requirements must be met:</p> <p>1. The employee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has worked for the COM at least 12 months. <input type="checkbox"/> Has <i>not</i> worked for the COM at least 12 months. <p>Employee has only ____ months of service with COM.</p> <ul style="list-style-type: none"> ▪ 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. <p>2. The employee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has worked 1,250 hours in the 12 months immediately preceding the need for leave. <input type="checkbox"/> Has <i>not</i> worked 1,250 hours in the 12 months immediately preceding the need for leave. <p>Employee has worked only ____ hours in the preceding 12 months.</p>	<p>Leave must be due to one of the following reasons:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth of a child and to care for the newborn child <input type="checkbox"/> Placement of a child through adoption or foster care <input type="checkbox"/> To care for the employee's <ul style="list-style-type: none"> <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <p>who has a serious health condition</p> <p>If leave is for a child, the child is ____ years old.</p> <input type="checkbox"/> Employee's serious health condition <input type="checkbox"/> To care for the employee's <ul style="list-style-type: none"> <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <input type="checkbox"/> next of kin <p>who is a covered service member with a serious injury or illness incurred in the line of duty</p> <input type="checkbox"/> A qualifying exigency arising out of the employee's <ul style="list-style-type: none"> <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> parent <p>who is a covered service member on active duty in support of a contingency operation</p>

Within 5 business days the supervisor completes Section 3 and returns the form to the employee. There are three options within this section: 1) the leave is approved, 2) the leave is denied, or 3) additional information is necessary before the leave can be approved.

The leave is approved.

If the leave is for the birth or placement of a child and eligibility is met, check the first box in Section 3, and return a copy of the form to the employee. Medical certification is not required. Proceed to Step 6.

If the leave is for a serious health condition, eligibility is met, and complete and sufficient medical certification is provided, check the fourth box in Section 3, fill in the date medical certification was received, and return a copy of the form to the employee. Proceed to Step 6.

If the leave is for a qualifying exigency or military caregiver leave, eligibility is met, and complete and appropriate certification is provided, check the fourth box in Section 3, fill in the date certification was received, and return a copy of the form to the employee. Proceed to Step 6.

The leave is denied.

If the employee does not meet eligibility requirements, did not provide medical certification, has already used 12 weeks of FMLA, or the leave request does not qualify for FMLA, proceed to Step 9.

Additional information is needed.

If the leave is for a serious health condition, a qualifying exigency or military caregiver leave, proceed to Step 4.

If the FMLA leave is for a serious health condition (of the employee, spouse, parent, or child), medical certification is required.

If the leave request is for the employee's serious health condition, give the employee:

- A copy of FMLA Form 1A with the request for medical certification
- FMLA Form 1B, Medical Certification for Employee with Section 2 completed
- A copy of the employee's essential job functions
- FMLA Form 3, Intent to Return and Fitness for Duty/Medical Release

If the leave request is for the employee's spouse, child or parent's serious health condition, give the employee:

- A copy of FMLA Form 1A with the request for medical certification
- FMLA Form 1C, Medical Certification for Family

If the leave request is for a qualifying exigency or military caregiver leave, give the employee:

- A copy of FMLA Form 1A with the request for certification
- DOL Form WH-384, Certification of Qualifying Exigency for Military Family Leave or
- DOL Form WH-385, Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave

When the medical certification form is returned by the employee, within five business days of receipt, review the form to ensure it is complete and sufficient.

If the medical certification is complete and sufficient, review the information and make a final determination to approve or deny the FMLA. Complete Section 2 of FMLA Form 1A.

If the medical certification is incomplete and insufficient, check the third box in Section 3, fill in the date the complete medical certification is due, identify the information needed to make the certification complete and sufficient, and return a copy of the form to the employee.

If the medical certification is still incomplete and insufficient, the department may choose to clarify/authenticate the medical certification. Contact Human Resources for details.

The department may request a second opinion. Contact Human Resources for details.

Following the approval of FMLA leave:

Track the use of FMLA leave on the FMLA Tracking Sheet

If requested by the employee, provide the number of hours of FMLA leave used

Process a request for date of employment adjustment if the employee will be in unpaid status for 30 days or more

The supervisor may request recertification of the need for FMLA leave, if appropriate. Recertification is requested in conjunction with an absence:

Every 30 days if the minimum duration of the leave is 30 days or less

Every six months if the minimum duration of the leave is six months or more

Less than 30 days if:

- The employee requests an extension of the leave
- Circumstances in the previous certification have changed significantly
- Information is received that casts doubt on the reason for the absence

If the FMLA leave is for the employee's serious health condition, the employee must return the completed FMLA Form 3, Intent to Return and Fitness for Duty/Medical Release, signed by the health care provider before the employee can return to work.

If the employee will not be returning to work as indicated on Section 2 of FMLA Form 3, the City's obligation under the FMLA is complete, and the employee is to be separated from employment.

Step 9 – Deny the FMLA, if applicable

If the employee does not meet eligibility requirements, did not provide medical certification, has already used 12 weeks of FMLA, or the leave request does not qualify for FMLA, check the appropriate box in the "Leave of absence denied" portion of FMLA Form 1B at the top of the second page, and return a copy of the form to the employee. If eligibility requirements are not met, be sure to complete the months or hours the employee has worked. A discretionary leave of absence may be granted. Follow City policy for handling this type of leave

