**INSERT SCHOOL DISTRICT NAME**

**FAMILY MEDICAL LEAVE**

**CHECKLIST AND TRACKING LOG**

Employee Name:

|  |  |
| --- | --- |
| **TASK** | **DATE** |
| Date of Initial Notification of Need for Leave: |  |
| Notified By: |  |
| Date Family Medical Leave Packet Sent to Employee including the following documents: (must be sent within 5 days of notice)   * Employee Notice of Eligibility and Rights and Responsibilities * Employee Request for Family Medical Leave * Certification form * Family Medical Leave Policy and Procedures |  |
| Date this log was started |  |
| Date Employee’s Request for Family Medical Leave Received: |  |
| Date Employee’s Certification form Received |  |
| Date Designation Notice Sent to Employee (must be sent within 5 days of Request being Received) |  |
| Date, if applicable, Employee was notified that the application and/or certification is insufficient? |  |
| Date, if applicable, Employee submitted additional information to address insufficiencies? (Due 7 days from request) |  |
| Date, if applicable, the revised Designation Notice was sent to the Employee (follow up to insufficient application or form) (Must be within 5 days of receipt of additional information) |  |
| Will Employee be Required to Submit Return to Work Certification |  |
| If Yes, Date Return to Work Certification form sent to Employee |  |
| Date Family Medical Leave Tracking Calendar Sent to Employee |  |
| Date Supervisor and Payroll Notice Sent |  |
| If applicable, did the employee’s start or end date change? If yes, date the revised Designation Notice and Family Medical Leave Tracking Calendar was Resent to Employee |  |
| If applicable, did the employee’s start or end date change? If yes, date the revised Supervisor and Payroll Memo and Family Medical Leave Tracking Calendar was Resent to Employee |  |
| Is the Employee also on Worker’s Comp Leave? (if yes be sure that process is also being documented and all procedures followed) |  |
| Is the Employee also on ADA Leave? (if yes be sure that process is also being documented and all procedures followed) |  |
| Will the Employee be Out for More than 60 days? |  |
| If yes, is Board Action Required? If so, what date did the board take action? |  |
| If yes, has a letter been sent to the employee or was it included with the Designation Notice informing the employee of any rights he or she has under the CBA and/or board policy? If yes, what date was this sent? |  |
| Date, if any, a recertification was requested? |  |
| Date, if any, recertification was received? |  |
| Date Return to Work Certification Received |  |

Other Notes/Dates of Significance: