



## FAMILY MEDICAL LEAVE (FML) CHECKLIST

Before we can process the attached Family Medical Leave Request Form, please make sure the following items are completed for each form:

### "Request for FML" Form:

- All required signatures **must be** obtained (Employee, Supervisor/Manager).
- Date of FMLA to commence **must be** completed.

### "Certificate of Health Care Provider" Form:

- The information provided **must be** legible.
- FML forms **must be** completed by the provider only.
- Physician's name, location, and phone number **must be** included and legible.
- Medical diagnosis **must be** provided.
- If the FML is for the care of a family member, please provide their relationship (spouse, child, mother or father) and the bottom of page 3 **must be** completed by employee.
- Frequency and duration of time off **must be** required to complete approval. The frequency and duration **must be** as specific as possible.
- For intermittent leave, question 5 (a) (b) and (c) **must be** completed in detail.

*\*Incomplete forms will result in a delayed approval and/or processing.\**

Please return the completed FML forms to the Human Resources Office