FAMILY AND MEDICAL LEAVE
EMPLOYEE CHECKLIST

☐ 1. Receive, complete, and sign County Auditor's Form 455A, *Family and Medical Leave Application,* and return to your supervisor or department designee.

☐ 2. Receive completed County Auditor's Form 455B, *Family and Medical Leave Notice of Eligibility and Rights & Responsibilities,* from your supervisor or department designee when the leave is requested or will be designated as FMLA leave. Sign the form and return it to your supervisor or department designee.

☐ 3. Receive one of the following County Auditor Forms which pertains to your particular situation from your supervisor or department designee:

- 456A, *Family and Medical Leave Certification of Health Care Provider for Employee's Serious Health Condition*
- 456B, *Family and Medical Leave Certification of Health Care Provider for Family Member's Serious Health Condition*
- 456C, *Family and Medical Leave Certification of Qualifying Exigency for Military Family Leave*
- 456D, *Family and Medical Leave Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave*

You should have the correct form completed by your health care provider. If the leave is to care for your spouse, parent, or child (as defined in the Regulations), have that person's health care provider complete the form. Note that if the leave is for your spouse, parent, or child, your signature is also required on the form. **You must return this form to your supervisor or department designee within 15 days of receiving it** in order for your absences to be protected.

☐ 4. You should receive County Auditor's Form 457, *Family and Medical Leave Designation Notice*, from your supervisor or department designee stating if your FMLA leave was approved, NOT approved, or if additional information is needed. Please be advised that you have 7 calendar days to correct any deficiencies regarding your medical certification. If you do not correct the deficiency or return requested information within 7 calendar days, your leave may be denied.

☐ 5. **Decide whether or not to continue benefits coverage while on unpaid FMLA leave**. While on FMLA leave, the County will continue your employee benefits under the same conditions as usual, but you are still responsible for the payment of your premiums if you wish to continue benefits coverage. Complete County Auditor's Form 459*, Family and Medical Leave Insurance Coverage Statement for Continuous Unpaid FMLA,* and indicate whether or not you elect to continue such coverage.

a) **If you elect to CONTINUE benefits coverage**, the County will continue to take your share of the premiums out of your pay check while you are on **paid** FMLA leave. If your check is not enough to cover your premiums, you must pay the County the remaining balance. If you go on **unpaid** FMLA leave, you will be billed for your portion of the premiums that are due.

b) **If you elect to DISCONTINUE dependent benefits coverage**, you must also complete a County Auditor's Form 774E, *Employee Health & Related Benefits Change Form*, indicating that you wish to drop benefits coverage for your dependent(s), and submit it to your supervisor or department designee. <u>If you decide to discontinue optional benefits coverage, it will be reinstated upon your return to work without penalty.</u>

☐ 6. While on leave, continue to provide the certifications and status reports as required in County Auditor's Form 455B, *Family and Medical Leave Notice of Eligibility and Rights & Responsibilities.*

☐ 7. If your dependent benefits coverage was dropped while on FMLA leave, you must obtain and complete a County Auditor's Form 774E, *Employee Health & Related Benefits Change Form,* in order to reinstate coverage upon your return.

☐ **8. Upon return to work, if your coverage was dropped, you must immediately notify the Office of Human Resources & Risk Management so that <u>your</u> benefits can be reinstated. Failure to do so will result in a delay in receiving benefits coverage.**