FAMILY AND MEDICAL LEAVE DEPARTMENT CHECKLIST

Note: Your department is responsible for designating the appropriate people for each step of the checklist.

Preliminary Designation: Any time an employee is absent from work for 4 consecutive calendar days or if the supervisor has reason to believe that the absence is FMLA-qualifying (i.e., inpatient care), the supervisor should have the Payroll Coordinator or Timekeeper preliminarily designate the absences(s) as FMLA.

Employees on FMLA must exhaust all applicable forms of paid leave (including compensatory time) before taking unpaid FMLA with one exception. Department Heads have discretion to excuse employees on **continuous** FMLA from having to exhaust the vacation they accrue once the leave begins.

☐ 1. Tell the employee as soon as possible that the absences will be designated as FMLA time and will be counted against the 12-week entitlement if the employee is eligible for leave. You may not designate an absence as FMLA leave unless, within 2 business days of becoming aware of the need for FMLA leave, you have told the employee that the absence is going to count against the 12-week entitlement. This notice must be given to the employee in writing before the next payday. Further, remind the employee that **he/she must exhaust all APPLICABLE paid leave (i.e., compensatory time, vacation, B time, ill time) before taking UNPAID FMLA**. Thus, the first FMLA absences will often be some form of paid leave that is simultaneously designated as FMLA (8V/8S, 8A/8S, etc.). When the employee runs out of simultaneously designated paid time, FMLA absences will then be unpaid.

☐ 2. Give the employee County Auditor's Form 455A, *Family and Medical Leave Application,* and County Auditor's Form 458A, *Family and Medical Leave Employee Checklist.* Have the employee fill out Form 455A and return it to the appropriate staff.

☐ 3. Review County Auditor's Form 455A, *Family and Medical Leave Application,* to determine whether the employee meets the eligibility criteria listed below.

a) Has the employee worked for Harris County at least 12 months? ☐ Yes ☐ No
The employment need not be continuous or in the same department.

b) If the employee's current employment is less than 12 months add prior service IF it was less than 7 years ago. Email Payroll that the employee has applied for FMLA, and ask Payroll to verify employment history and correct hour balances, as necessary.

c) Has the employee actually worked at least 1,250 hours in the 12 months preceding the start of the leave? ☐ Yes ☐ No

☐ 4. Run report "hcrpt32" (Annual Calendar Hours Summary for xx/xx/xx through yy/yy/yy). Log into the IFAS payroll system and attach to MASK "CSDRAS" and fill in the applicable data blanks:

a) Start date (one year earlier than the first day of leave),
b) End date (first date of leave),
c) Your department's 3 digit code, and
d) Employee's ID.

☐ 5. Review the report to determine whether the employee meets the eligibility criteria.

☐ 6. Complete County Auditor's Form 455B, *Notice of Eligibility and Rights & Responsibilities.* Return the form to the person who processes FMLA paperwork for your department. That person should complete the form and give it to the employee.

a) **If the employee is NOT eligible**, administer non-FMLA absences in accordance with the Harris County Personnel Regulations and DO NOT CONTINUE WITH THE CHECKLIST BELOW.

b) **If the employee IS eligible**, establish a confidential FMLA leave file for retaining all medical certifications and other leave records. DO NOT KEEP FMLA AND/OR OTHER MEDICAL RECORDS IN AN EMPLOYEE'S PERSONNEL FILE. Keep all FMLA certifications confidential and retain them at least 3 years. If an employee is unable to come to the office, mail all relevant documentation by certified and regular mail to the employee's home address.

☐ 7. Give the employee the appropriate County Auditor Form as listed below:

- 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*

Maintain a log with the date given and received to ensure compliance with the 15-day time frame. The employee should have the correct form completed by the appropriate party.

☐ 8. Receive and review the completed form.

☐ 9. Complete County Auditor's Form 457, *Designation Notice*. If the submitted Form 456 certification is not complete or sufficient, the employee has 7 calendar days to correct the deficiencies and return it. If the employee does not correct the deficiency or return requested information within 7 calendar days, the leave may be denied.

☐ 10. If the employee will be out on unpaid FMLA, have the employee complete a County Auditor's Form 459, *Family and Medical Leave Insurance Coverage Statement for Continuous Unpaid FMLA,* indicating whether or not he/she wishes to continue benefits coverage while on unpaid FMLA leave, and maintain in the employee's confidential medical file. Forward a copy to the Office of Human Resources & Risk Management. If the employee wishes to discontinue benefits coverage, give the employee a County Auditor's Form 774E, *Employee Health & Related Benefits Change Form,* to complete and forward to the Office of Human Resources & Risk Management.

☐ 11. If the leave is for continuous FMLA, make arrangements with the employee for completing all timesheets and for distributing pay cards, if applicable.

☐ 12. Talk with the employee to determine possible return to work dates and document the discussion(s).

☐ 13. Instruct departmental Payroll Clerks to enter the employee's daily time to accurately record leave time, including simultaneous designation of FMLA time with compensatory time, vacation, B time, ill time, or Workers' Compensation (where applicable).

☐ 14. If the employee goes on unpaid FMLA leave and you wish to fill the position temporarily, fill out County Auditor's Form 3418-1-C, *Change in Status of Employee,* placing the employee on unpaid FMLA leave.

☐ 15. During the leave, obtain re-certifications of the serious health condition (as required) and status reports as indicated on completed County Auditor's Form 455B, *Family and Medical Leave Notice of Eligibility and Rights & Responsibilities*. Prior to the employee's return to work after continuous FMLA for his/her own serious health condition, obtain a fitness for duty certification from the employee's health care provider.

☐ 16. Determine if the employee returns to work when the leave expires. Note that the entitlement to FMLA ceases when the reason or condition for which leave was taken changes or stops or the employee exhausts his/her 12-week entitlement, whichever occurs first. The County may recover premiums from employees who fail to return to work for some reason other than the continuation, recurrence, or onset of a serious health condition or the continuation, recurrence, or onset of a covered servicemember's serious illness or injury, or because of circumstances beyond their control. Employees who return to work for at least 30 calendar days are considered to have "returned to work."

☐ 17. If the employee was moved to Leave of Absence, then advise the County Auditor of the employee's post-FMLA leave status by submitting a new County Auditor's Form 3418-1-C, *Change in Status of Employee,* which indicates that the employee either:

a) Returned to work; **or**
b) Resigned; **or**
c) Was Discharged; **or**
d) Has been placed on a Leave of Absence (only if all compensatory and vacation time has been used); **or**
e) Remains on Workers' Compensation Leave (if applicable); **or**
f) Retired.

☐ 18. When/if the employee returns to work, have the employee fill out a County Auditor's Form 774E, *Employee Health & Related Benefits Change Form,* to reinstate benefits coverage if he/she discontinued it while on leave. Upon return to work, it is the employee's responsibility to notify the Office of Human Resources & Risk Management that they have returned so that any benefits discontinued can be reinstated.

☐ 19. If an employee who returns to work requests a reasonable accommodation under the Americans with Disabilities Act, contact your department's Human Resources section, the Office of Human Resources & Risk Management, or the County Attorney's Office for guidance.

☐ 20. When employees are unable to return to work, consider discussing with them the possibility that they may be eligible for benefits under the County's long-term disability plan and/or a disability retirement under the provisions of the TCDRS.

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Printed Name of Supervisor or Department Designee Signature

_____
Date

Notes/Exceptions to Checklist Steps:

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