

## FMLA Checklist for Employees

---

The Family & Medical Leave Act is a federal law that grants eligible employees the right to take 12 workweeks of job-protected leave over a 12-month period due to an FMLA-qualifying reason (see item 2 below). HCCS employees are required to use accrued, unused paid leave during FMLA leave.

This checklist is provided for your convenience. More detailed information regarding FMLA policies and procedures is available on the web under HCC Policies and Procedures. For questions, contact the Human Resources Benefits Department by email at [hrbenefits@hccs.edu](mailto:hrbenefits@hccs.edu) or by phone at 713-718-2255, option 2.

- 1. Determine whether you are eligible for FMLA leave:  
Employees are eligible if they have been employed by HCCS for at least 12 months AND worked at least 1,250 hours during 12 months prior to beginning of leave. The calculation of hours worked does not include paid time off.
- 2. Determine whether the purpose for the leave qualifies under FMLA:
  - a. Serious health condition of you or of a spouse, child, or parent (including pregnancy, chronic conditions that require on-going treatments, and non-chronic conditions that require multiple treatments);
  - b. Birth of your child;
  - c. Placement of a child with you for adoption or foster care; or
  - d. To care for a child during the first 12 months following birth or placement for adoption or foster care (“bonding” with the child).
- 3. Notify your supervisor immediately of your intent to take leave and complete required forms (FMLA leave of absence request form and FMLA medical certification form, when applicable).
- 4. Ask your health care provider or your family member's health care provider to complete the FMLA medical certification form and return it to Human Resources Benefits Department within **15** calendar days of HR request.
- 5. If you are eligible for reduced schedule or intermittent leaves, consult with your supervisor to determine how your leave can be scheduled to minimize disruption of your department or campus.
- 6. Keep track of your leave time (in weeks, days, and/or hours).
- 7. If you should exhaust all of your accrued leave and you are placed on a leave without pay status, contact ERS at (877) 275-4377 to inquire about your premiums.
- 8. Inform the Human Resources Benefits Department of any change in your status or circumstances. You may be required to submit an updated medical certification form from your health care provider every 30 days or if your leave goes beyond the original date indicated on the initial certification.
- 9. Submit to the Human Resources Benefits Department a return-to-work statement signed by your health care provider 3 days prior to your return. A return-to-work statement is not required when returning from a leave that is not due to your own illness or injury.
- 10. If it is necessary for you to take more FMLA leave than you originally anticipated, notify your supervisor within three business days (or as soon as reasonably possible) of learning of the need for additional leave. You will be asked to provide documentation to support the extension. If circumstances of your leave change and you are able to return to work prior to the expected date of return, notify your supervisor within three business days of your intention to report to work.
- 11. Failure to return to duty following expiration of 12 weeks of FMLA leave will result in loss of FMLA job protection rights and could result in dismissal from employment.