Employee Name & EE#:		
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FMLA/CFRA Administration Checklist for District Employees

*** This is not a required form. The sole purpose of this form is informational. (Revised 11/13) ***

To effectively administer the Family and Medical Leave Act(FMLA)/California Family Rights Act(CFRA) to District employees, this checklist was created to help managers and supervisors when a potential need for FMLA/CFRA arises. FMLA/CFRA provides 12 weeks of job protection, while Pregnancy Disability provides 4 months (or 18 weeks). For detailed information about FMLA/CFRA or Pregnancy Disability please visit http://fmla.lausd.net.

If an	employee has a potential need* for FMLA/CFRA, the Superviso	r <u>must</u> discuss and	offer FMLA/CFRA.
	the employee been with the District for at least 12 months at t 130 days** in the past 12 months?	any time? Did the e	mployee work at
Does	s the employee meet the eligibility requirements?		Yes No
(Conti and/o	A/CFRA time can be taken continuously or intermittently. tinuous absences are taken in an extended block of time, while intermittent or recurrent blocks of time due to a single qualifying reason. An eligible empl of protected leave per FMLA year with proper medical certification.)		
What	t type of leave is the employee requesting?	Continuous	Intermittent
Will t			
	next section will help determine what type of leave the employ se note: this list includes the most common reasons for FMLA/CFRA but other. Does employee or family member have ongoing health care for a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily acti	r conditions/situations ne providers' appoint neapacity? Incapacit	nay also apply.) tments or absence
	next section will help determine what type of leave the employ se note: this list includes the most common reasons for FMLA/CFRA but other Does employee or family member have ongoing health care for a chronic or ongoing condition that causes periods of in	yee might be eligible reconditions/situations not be providers' appoint apacity? Incapacity vities.	e for. nay also apply.) tments or absence y means being ndition?
	next section will help determine what type of leave the employse note: this list includes the most common reasons for FMLA/CFRA but other. Does employee or family member have ongoing health carr for a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily action to be a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily	yee might be eligible reconditions/situations not be providers' appoint acapacity? Incapacity vities. It a serious health compose one stic partner or self-care (as defined alth care provider a serious health care provider a	e for. may also apply.) tments or absence y means being ndition? child (and child of d by ADA). ppointments?
	next section will help determine what type of leave the employ se note: this list includes the most common reasons for FMLA/CFRA but other. Does employee or family member have ongoing health care for a chronic or ongoing condition that causes periods of in unable to work, attend school or perform normal daily acti Does the employee need to care for a family member with FMLA/CFRA defines Family Member as a spouse, parent, do domestic partner) under age 18 or adult child incapable of	yee might be eligible reconditions/situations not be providers' appoint acapacity? Incapacity vities. If a serious health composed partner or self-care (as defined alth care provider a with her pregnancy by-adopted, or foster	e for. may also apply.) tments or absence y means being ndition? child (and child of d by ADA). ppointments? r-placed child

^{***}All Employees must comply with District leave policy for absences of more than 20 work days

5. The following is the proper FMLA/CFRA protocol for employees with a potential need for FMLA/CFRA protection.

Step One:

Within 5 business days of knowledge of the need for FMLA/CFRA, issue the FMLA-1a "Notice of Eligibility and Employee Rights & Responsibilities". Additional forms will be attached as follows:

<u>Employee/Family member Illness:</u> Attach the appropriate "Certification of Health Care Provider" form.

<u>Child Bonding:</u> No other form is required but the Employee must provide a copy of the child's birth certificate attached to the Certification of Absence. Please note, if the employee is currently on pregnancy leave, they must provide a release to return to work by their health care provider before they can start Child Bonding Leave

Qualifying Exigency Leave: Attach "Certification of Qualifying Exigency for Military Family leave"

***If any of these absences are 20 consecutive days or longer, provide the employee with the appropriate leave of absence packet.

Step Two:

Check the employee's eligibility. If the employee has not met the minimum work-time requirement for FMLA/CFRA, issue FMLA-1c "Designation Notice – FMLA/CFRA Not Approved". Please note: There is no minimum work-time requirement for Pregnancy Disability Leave.

Step Three:

Upon the receipt of the documentation from the employee and the information on the certification is complete and concise, issue FMLA-1b "Designation Notice FMLA/CFRA Approved." If there are any questions about the form or issuing the notice, contact the FMLA office at (213)241-3954 for assistance.

***If the employee does not return the form timely and/or has not requested an extension after several follow-up attempts, issue FMLA-1c to deny FMLA/CFRA. Please exercise caution when denying FMLA for this reason.

Step Five:

Forward any leave of absence requests to the appropriate HR or Personnel Commission office. Keep copies of all forms received.

Step Six:

Report all FMLA/CFRA absences accordingly and keep track of FMLA usage. Your employee should indicate which of his/her absences are due to the FMLA/CFRA qualifying condition

All forms and letters mentioned in this section are available at http://fmla.lausd.net

6. Paid options:

FMLA/CFRA for employee illness:

Any accrued Illness time or Vacation time, otherwise the time is unpaid.

FMLA/CFRA for family's illness: Kin Care, Personal Necessity, Vacation, otherwise the time is unpaid.

Child Bonding/Military Exigency: Personal Necessity, Vacation, otherwise time is unpaid.

Questions? Contact Us!

Absence Management/FMLA Section – Integrated Disability Management Branch Division of Risk Management and Insurance Services

333 S. Beaudry Ave, 28th Floor Los Angeles, CA 90017

http://disabilitymanagement.lausd.net