

Division of Risk Management and Insurance Services
Integrated Disability Management (IDM)

FMLA/CFRA Administration Checklist

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 protected leave arises. FMLA/CFRA provides up to 12 weeks of job protection, while Pregnancy Disability Leave (PDL) provides up to 4 months (or 18 weeks). *For detailed information about FMLA/CFRA/PDL please visit <http://fmla.lausd.net>.*

1. If an employee has a potential need for FMLA/CFRA, the Supervisor **must** discuss potential FMLA/CFRA protections.
2. Has the employee been employed by the District for at least 12 months over the past seven years? Did the employee work for at least 130 days (1,250 hours for bargaining units A, E, and G) over the past 12 months?

Does the employee meet the eligibility requirements? Yes No

If no, issue "Designation Notice – FMLA/CFRA not Approved" notice.

Note: there is NO eligibility requirement for PDL.

3. FMLA/CFRA time can be taken continuously or intermittently.
(Continuous absences are taken over an extended block of time, while intermittent absences are taken in separate, occasional, and/or recurrent blocks of time due to a single qualifying reason. An eligible employee is allowed up to 12 work weeks or 60 work days of protected leave per FMLA year, with proper medical certification.)

What type of leave is the employee requesting?

Continuous

Intermittent

Will the leave last longer than 20 working days?

Yes No

If any of these absences are 20 consecutive days or longer, provide the employee with the appropriate "Leave of Absence" packet.

4. This section will help determine the type of leave for which the employee might be eligible.
(Please note: this list includes the most common reasons for FMLA/CFRA, but other conditions/situations may also apply.)

Yes No Does the employee or family member have ongoing health care provider appointments or absences for a chronic or ongoing condition that cause periods of incapacity? *Incapacity* is defined as being unable to work, attend school or perform normal daily activities. *Family member* is defined as being a spouse, parent, domestic partner or child (including the child of a domestic partner) under the age of 18, or an adult child incapable of self-care (as defined by ADA).

Yes No Are the Employee absences associated with her pregnancy?

Yes No Is the Employee taking time off to bond with a newborn, newly-adopted or foster-placed child within the first year of the child's arrival in the Employee's home?

Yes No Is the Employee in the process of adopting or fostering a child?

Yes No Is the Employee or family member requesting FMLA/CFRA for a military reason, such as a qualifying military exigency or to care for a military member with a serious health condition?

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 protected leave, issue the FMLA-2 “Notice of Eligibility and Employee Rights and Responsibilities.” Additional forms will be attached as follows:

Employee/Family Member Illness: Provide the appropriate “Certification of Health Care Provider” form (FMLA-1).

Child Bonding: No other form is required; however, 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 disability leave, she must provide a release to return to work by her health care provider before she can start Child Bonding Leave.

Qualifying Exigency Leave: Provide the “Certification of Qualifying Exigency for Military Family Leave” form (FMLA-7).

Step Two: Check the Employee’s eligibility. If the Employee has not met the minimum work-time requirement for FMLA/CFRA, issue FMLA-4, the “Designation Notice – FMLA/CFRA Not Approved”. Please note: There is no minimum work-time requirement for Pregnancy Disability Leave.

Step Three: Once the eligible Employee provides a completed “Health Care Provider Certification” form (FMLA-1), issue “Designation Notice FMLA/CFRA Approved” (FMLA-3). 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 within 15 calendar days and/or has not requested an extension after several follow-up attempts, issue form FMLA-4 to deny FMLA/CFRA protection. Please exercise caution when denying FMLA for this reason.

Step Four: Forward any Leave of Absence requests to the appropriate HR or Personnel Commission office. Keep copies of all forms received and/or forwarded.

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

All forms and notices 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 Illness: Kin Care, Personal Necessity or Vacation, otherwise the time is unpaid.

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

Questions? Contact Us!

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