

KANSAS STATE UNIVERSITY FAMILY AND MEDICAL LEAVE ACT

EMPLOYER CHECKLIST

Employee Name: _____ Employee ID Number: _____

Request is for: _____ Employee _____ Employee's spouse, son,
daughter, or parent

- _____ 1. Has the employee been employed by the state for at least 12 months?

- _____ 2. Has the employee worked for the state at least 1,250 hours in the 12 month period immediately preceding the date leave is to begin?

- _____ 3. Does the employee work in a position that requires at least 1,000 hours in a 12 month period?

- _____ 4. If request is for other than the employee, is the relationship in accordance with 29 Code of Federal Regulations 825 (spouse, son, daughter, or parent)?

- _____ 5. Has medical certification completed by health care provider been returned?

- _____ 6. Does condition qualify as a serious health condition according to FMLA guidelines?

- _____ 7. Has employee used leave for FMLA purposes in the preceding 12 months?

- _____ 8. If yes, does employee have entitlement available to use?

- _____ 9. Has written notification of FMLA status been provided to the employee?

Completed by: _____
(printed name)

(signature)

Date