

Family Medical Leave (FML) Process Checklist for Supervisors

	The Supe	ervisor becomes aware an employee may have an FML qualifying event.					
	This could	d be for one or more of the following reasons:					
	a)	Pregnancy.					
	b)	Missing more than three consecutive days of work OR is incapacitated for more than three consecutive calendar days.					
	c)	Being absent on an intermittent basis due to a health condition.					
	,	Hospitalization.					
	,	To care for a qualifying family member (spouse, parent, child, sponsored adult dependent, sponsored child dependent).					
	f)	To care for a qualifying family member of the armed forces.					
	Present the employee with the 15 Day Memo and FML Application, notifying the employee of his/her rights to FML and giving the employee 15 calendar days to apply for FML. Make sure the employee a supervisor sign the memo, and fax a copy to the FML Administrator at 859-257-1679. (The memo car be found on the FML Website).						
		ne employee or health care provider to submit the completed form to the FML Administrator via <u>illip.neeley@uky.edu</u>), fax (859-257-1679).					
	Once the employee returns to work, the return to work note should be faxed (859-257-1679) or email (phillip.neeley@uky.edu) to the FML Administrator.						
		loyee has restrictions upon/prior to returning to work you must contact the FML Administrator te the restrictions.					
Incomp	plete forms	s may be denied.					
If you h	have any o	questions please contact the FML Administrator at 859-323-4259.					

Letters and notifications will be emailed to the supervisor, and mailed to the employee's home address on record.

All conversations dealing with FML must be documented, and FML applications should not be kept in the

employee's departmental personnel file.

FML Fact Sheet for Supervisors

]	The e	mployee	shows	a need	for	FML	due to	0:
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- o Absences in excess of three consecutive days or shifts (it could be less and still be approved).
- A chronic serious health condition of the employee or qualifying family member.
- Hospitalization of the employee or qualifying family member.
- Intermittent absences due to a serious health condition of the employee or a qualifying family member.
- The supervisor should provide the employee a 15 Day Memo notification along with the FML application.
 - A copy of the completed and signed 15 Day memo should be faxed (859-257-1679) or emailed (phillip.neeley@uky.edu) to the FML Administrator.
- The employee and/or health care provider should be advised to return the application to the FML Administrator via fax, email, or in person within 15 calendar days.
- ☐ If the employee is on continuous leave:
 - o The employee does not need to call in every day.
 - The employee should communicate with his/her manager for any updates or requests for extensions.
 - The manager should immediately communicate with the FML administrator on any requests for extensions.
- When the employee returns to work from FML:
 - The employee should supply a return to work note from the health care provider stating the employee has been released to regular duty work.
 - If an employee has restrictions upon/prior to returning to work you must contact the FML Administrator to evaluate the restrictions.
 - o The return to work note should be faxed to the FML Administrator.
- If the employee does not return to work on the intended date:
 - o The supervisor should inform the FML Administrator immediately.
- If an employee is on intermittent leave:
 - The employee must report his or her absence according to the department policy.
 - And misses more than three consecutive days/shifts or they miss more than what the health care
 provider stated, the employee should submit a new FML application or note from the health care
 provider. It must state the reason for the absence.
 - o The employee should inform the supervisor in advance of any appointments.
- ☐ If an employee calls off for any shift the supervisor has the right to ask:
 - O What is the specific reason for the absence?
 - O What job duties can't be performed?
 - o Did the employee see a health care provider for the illness/injury?
 - When did the employee first learn he/she would need to be absent?
 - o What is the expected return date (or time if less than a day)?
- □ Contact the FML Administrator if:
 - o The employee shows a call in pattern of absences (Mondays, Fridays, etc.).
 - The employee requests vacation, is denied, then calls off for FML.

Where can I get additional information?

If you have additional questions, please contact the Campus FML Administrator via:

- Phone.....(859) 323-4259
- Fax.....(859) 257-1679
- Email.....phillip.neeley@uky.edu
- http://www.uky.edu/HR/emprel/fmla.html