

**UCLA HEALTH SYSTEM
DEPARTMENT LEAVE OF ABSENCE CHECKLIST**

GENERAL INSTRUCTIONS

Documents in the employee packet are used to:

- Inform an employee of his/her rights and procedures to follow under the University’s policies for Leaves of Absence including Family Care and Medical Leave, Pregnancy Disability Leave, Disability Leave, Personal Leave, Administrative Leave, Military Leave, and Union Business Leave.
- Document a request for leave for any purpose, its approval or denial, and FMLA designation if the employee is subject to FMLA.
- Obtain medical certification of an employee’s need for Family Care and Medical Leave, Pregnancy Disability Leave, and/or Disability Leave.
- Obtain medical certification that an employee is able to return to work from a Family Care and Medical Leave, Pregnancy Disability Leave, or Disability Leave.
- Review and document the steps required when an employee requests a leave of absence.



This checklist should be used when an employee requests a leave of absence:

Employee Name / ID# _____

Department / Manager / Supervisor _____

Employee Information Packet:

Date Provided to Employee: _____

- Rights and Responsibilities under FMLA
- Leave of Absence Request Form
- Medical Certification Form
- Return to Work Certification Form
- Notice of Eligibility and Rights & Responsibilities
- Designation Notice

Provided By: _____

Method: In Person Regular Mail
 Email

Test for Eligibility: Requested Leave Start Date: _____

- Employee has: at least 12 months cumulative service
 worked at least 1250 hours in the prior 12 months

Is employee eligible for FMLA? Yes No

Has this employee used FMLA within the last 12 months? Yes, leave began: _____
 Remaining entitlement: _____ weeks

Reason for Leave:

- own serious health condition pregnancy disability to care for a newborn
- to care for a newly adopted child, or a child recently placed into foster care personal
- to care for a child, spouse, or parent with a serious health condition qualifying ex
- worker’ comp related injury military leave military caregiver

Action Checklist:

- Received Medical Certification Date: _____
- Copy of approved or denied Leave of Absence Request Form given to employee Date: _____
- Copy of approved Leave of Absence Request Form sent to Supervisor Date: _____
- Received Return to Work Certification Date: _____
- Received Declaration of Relationship for Family and Medical Leave Date: _____