



## EMPLOYEE LEAVE OF ABSENCE CHECKLIST

### **REQUEST LEAVE OF ABSENCE FOR FMLA/CFRA/PREGNANCY**

Request must be made 30 days in advance of leave date if feasible, or as soon as the need for leave is known if less than 30 days. Please notify your supervisor and Human Resources the date you are expected to be on leave of absence or that you are inquiring into intermittent leave.

### **HUMAN RESOURCES DETERMINES ELIGIBILITY FOR FMLA/CFRA**

Employee must have at least 12 months of SETA service (need not be continuous) and at least 1,250 hours actually worked in the 12-month period immediately preceding commencement of the leave (hours actually worked includes overtime, but does not include holiday, vacation, sick leave, or other paid leaves).

### **HUMAN RESOURCES NOTIFIES EMPLOYEE OF ELIGIBILITY AND RIGHTS**

Notification will be provided within five (5) calendar days of receipt of leave request and will also include the request for the Certification of Healthcare Provider form if you have not already provided.

### **OBTAIN APPROPRIATE MEDICAL CERTIFICATION FROM PHYSICIAN**

Print out specific Certification of Healthcare Provider form from SETA website (1. Family member's serious medical condition, 2. Employee's serious medical condition, 3. Employee's Pregnancy Disability) and take to physician to complete. **\*Kaiser has their own Certification form to complete so you will just need to request it from your Kaiser physician and the SETA form would not be required.** You have fifteen 15 calendar days from the date you requested the leave to get the certification form to Human Resources.

### **SUBMIT LEAVE REQUEST FORM AND MEDICAL CERTIFICATION**

Print out Leave Request Form from SETA website and complete all yellow highlighted areas, including the dates the physician has taken you off of work or approved you for intermittent leave. Turn the Leave Request Form and Certification of Healthcare Provider form to Human Resources. Human Resources will review all forms for approval. If the certification is insufficient or incomplete, Human Resources will provide an extra seven (7) calendar days to take back to physician for correction.

### **HUMAN RESOURCES APPROVES LEAVE OF ABSENCE**

Human Resources will send you a Designation Notice approving your leave within five (5) calendar days of receiving sufficient and complete Leave Request Form and Medical Certification. Human Resources will also notify your Supervisor, Manager, and Deputy Director/Chief that you have been approved for a leave of absence, the dates of the leave, and the intermittent time off designated by the physician, if applicable. Human Resources will do your timesheets for you while you are on a continuous leave. You will be required to input your FMLA hours into your timesheet for intermittent leaves.

### **NOTIFY HUMAN RESOURCES OF ANY CHANGES DURING LEAVE**

You should notify Human Resources if a leave extension is needed as soon as possible, and must provide an updated medical certification for the extension prior to the original work date.

### **RETURNING TO WORK**

If you are on a continuous leave of absence for your own serious medical condition, you are required to provide a Return to Work Certification prior to returning to work stating you can return full duty or with restrictions. You can print this form out from the SETA website or get a note from your physician

### **RESOURCES**

For additional information, you may view the FMLA labor poster at your site, Leave of Absences brochure, the SETA Policies and Procedures or labor agreements on the SETA website, or contact Human Resources.