Requesting Family Medical Leave
Checklist for State Classified Employees

This is a general summary of steps to follow when requesting family medical leave (FMLA). The 13-week FMLA leave entitlement (prorated for employees who are less than full-time) is calculated on a “rolling” 12-month period measured backward from the date an employee uses any FMLA leave; the remaining leave would be the balance which has not been used during the immediately preceding 12 months. A 30-day advance notice should be provided. If a 30-day notice is not possible, notice should be provided as soon as practical.

Step 1 – Determining Eligibility for FMLA

The following requirement must be met:

☐ You have worked for Colorado State University (CSU) for at least 12 months
  - Employment does not have to be continuous
  - If a break in service exceeds seven years, the period of employment prior to the break is not counted

Step 2 – Determining a Qualifying Reason for FMLA

FMLA must be due to one of the following reasons:

☐ Birth of a child and to care for the newborn child
☐ Placement of a child through adoption or foster care
☐ To care for the employee’s:
  ☐ spouse or common-law spouse
  ☐ child or child of the spouse or common-law spouse (The child is _______ years old)
  ☐ parent

with a serious health condition

☐ Employee’s serious health condition
☐ To care for the employee’s:
  ☐ spouse or common-law spouse
  ☐ child or child of the spouse or common-law spouse
  ☐ parent
  ☐ next of kin

who is a covered service member with a serious injury or illness incurred in the line of duty

☐ A qualifying exigency arising from the employee’s:
  ☐ spouse or common-law spouse
  ☐ child or child of the spouse or common-law spouse
  ☐ parent

who is a covered service member on active duty in support of a contingency operation

Step 3 – Request for FMLA

Required: You must communicate your request to be absent from work by following your department’s normal notification procedures

FMLA may be requested by the employee or initiated by department under the following circumstances:

☐ The employee requests leave
  → OR ←

☐ The employee has called in sick for three consecutive days and requires time off due to a serious health condition
  → OR ←

☐ The employer has been notified that an employee may have the need for an FMLA qualifying reason
Step 4 – Required Forms and Documentation Medical Certification
If your need is determined to be a qualifying reason, your department will be notified of your eligibility and that the qualifying reason requirements are met. If your need is for your own or your family member’s serious health condition, you will be provided:

☐ Notice of Rights and Responsibilities
☐ State of Colorado Medical Certification Form – Employee’s Health Condition
  → OR ←
☐ State of Colorado Medical Certification Form – Family Member’s Health Condition

**Required:** Medical Certification forms are due within 15 calendar days of the date of the Notice of Rights and Responsibilities.

If the leave request is for a qualifying exigency or military caregiver leave, you will receive:

☐ Notice of Rights and Responsibilities
☐ Certification of Qualifying Exigency for Military Family Leave
  → OR ←
☐ Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave

Step 5 – Receiving Status of FMLA Request

**Required:** Return the State of Colorado Medical Certification Form to the HR/Payroll Liaison in your department.

Once a completed medical certification form is returned to your department; you will be notified within 5 business days of receipt whether:

☐ Your FMLA is approved
☐ Additional information is needed on the medical certification form
☐ Clarification or authentication of the certification is required
☐ A second opinion is required

Additional information will be requested, if:

☐ the leave is for a serious health condition, a qualifying exigency, or military caregiver leave and complete and sufficient certification is not received (you will have 7 calendar days to cure any deficiencies)

Step 6 – Use of FMLA Time

Following the approval of FMLA leave:

☐ You must communicate your request to be absent from work by following your department’s normal notification procedures
☐ Consult with your supervisor and make a reasonable effort to schedule leave for planned medical treatment (appointments, etc.) so it does not disrupt the department’s operations if the FMLA is intermittent
☐ You are required to use paid time-off accruals before leave without pay can be taken
☐ If you will be in leave without pay status for more than 30 calendar days, contact Human Resources (970-491-MyHR (6947)) to make arrangements for continuation of your health care benefits and options for short term disability
☐ Keep track of FMLA leave taken and if necessary request the number of FMLA hours used from your supervisor or HR/Payroll Liaison
☐ You may be required to provide periodic recertification supporting the need for continued FMLA leave, depending on your condition and duration

Step 7 – Returning to Work

☐ If the FMLA leave is for your serious health condition, a Fitness to Return Certificate must be completed by your health care provider before you return to work
☐ If you will not be returning to work, notify your supervisor of your decision as soon as possible

Step 8 – FMLA Request Denied

☐ If you do not meet eligibility requirements, did not provide medical certification, have already used 13 weeks of FMLA, or the leave request does not qualify for FMLA, your FMLA request will be denied