



OHR end-user documentation overview

Military Family Business

Family Medical Leave Act

Benefits Design and Management
Office of Human Resources

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Purpose	This document outlines the basic information you will need to approve and process an employee's request for the following type of leave: Military Family Business - FMLA
Objectives	After reading this guide, you will be able to determine an employee's eligibility for leave and complete the appropriate leave paperwork.
Overview	The forms required for leave administration have been designed to provide the mandated information required by ASU policy and/or federal regulations.
Definition: Employee Eligibility	<p>Classification:</p> <ul style="list-style-type: none"> ➤ Faculty ➤ Academic Professional ➤ Administrator ➤ University Staff ➤ Classified Staff ➤ Student Worker ➤ Post Doctoral Scholar ➤ Teaching Assistant ➤ Research Assistant <p>Employment Type:</p> <ul style="list-style-type: none"> ➤ Regular ➤ Long-Term Temporary ➤ Short-Term Temporary ➤ Seasonal <p>Working Hours:</p> <ul style="list-style-type: none"> ➤ Full-Time ➤ Part-Time ➤ PRN <p>Who has been employed for at least 12 months</p> <ul style="list-style-type: none"> ➤ Months need not be consecutive ➤ Employment prior to a break in service of seven years or more should not be counted unless the employee was on active duty with the National Guard or Reserve or there was a written agreement that ASU intended to rehire the employee after the break in service. <p>Who worked at least 1250 hours during the 12 months immediately prior to the requested leave date</p> <ul style="list-style-type: none"> ➤ Paid or unpaid leave plan hours - e.g. vacation, sick - do not count toward the accumulation ➤ Hours taken for National Guard or Reserve duty are counted ➤ Hours worked as a Student Worker count toward the accumulation ➤ If an employee works multiple jobs, the hours are totaled and counted toward the accumulation <p>If applicable, furlough hours do count toward the accumulation.</p>

<p>Definition: Reason for Leave of Absence</p>	<p>An employee is eligible for leave for the following reason:</p> <p>When a spouse, child, parent or member of the employee's established household who is a member of the regular Armed Forces, National Guard or Reserves is called to active duty deployment to a foreign country, an employee may take leave to deal with the following situations:</p> <ul style="list-style-type: none"> Short-notice deployment Military events and related activities Childcare and school activities Financial and legal arrangements Counseling Rest and recuperation Post-deployment activities Additional activities, as agreed between the department and the employee as qualifying
<p>Definition: Duration and Type of Leave of Absence</p>	<ul style="list-style-type: none"> ➤ Up to 12 workweeks ➤ In a 12-month period beginning on the date leave was first taken for a qualifying reason ➤ A leave may be: <ul style="list-style-type: none"> * Taken continuously - in one single block of time * Taken intermittently - in separate blocks of time due to a single qualifying reason * Taken on a reduced schedule - reducing the employee's number of work hours per workweek or per workday <p>In the case of either intermittent or reduced schedule leave, the Disability & Leaves Program Management Unit must be notified in order to issue the Intermittent Leave Tracking Form for the department's use.</p> <ul style="list-style-type: none"> ➤ The amount of allowed time off may be restricted according to the qualifying leave reason; contact your Leaves Management Partner for details. <p>Get assistance <u>Your Leaves Management Partner</u> <u>Email</u> HR Disability</p>
<p>Definitions</p>	<p>Leave of Absence: A - paid or unpaid - employment category designating that an employee is in a non-work status.</p>

Leave Benefit Plan:

A benefit - e.g. vacation, sick or parental leave benefit - that compensates the employee when he/she is absent from work.

Spouse:

A husband or wife as defined and recognized by Arizona law for purposes of marriage.

Child:

Biological, adopted, foster child, stepchild, legal ward, or a child for whom the employee stood in loco parentis.

Parent:

Biological, adoptive, step, or foster father or mother or anyone else who undertook the parental role.

Member of Established Household:

A person who shared your permanent residence prior to the requested leave and who is expected to continue to reside with you following the leave. ASU may require written verification to establish the relationship - e.g. the person's bank statement listing your address.

Step 1 Determine Leave Process

To effectively manage leaves, it is important to understand the process in your particular Dean or VP area.

Centralized:

One person, - e.g. a Department Leaves Representative, a BOM, a Data Time Administrator, or a HR Manager - handles all aspects of the process for your Dean or VP area.

Decentralized:

Each separate division - office, unit, department, or team - within your Dean or VP area handles the entire process for the employees in that particular section.

Hybrid:

The process is handled individually by each separate division but channeled through one main authority in your Dean or VP area.

Step 2 Receive or Issue Leave of Absence Request Form

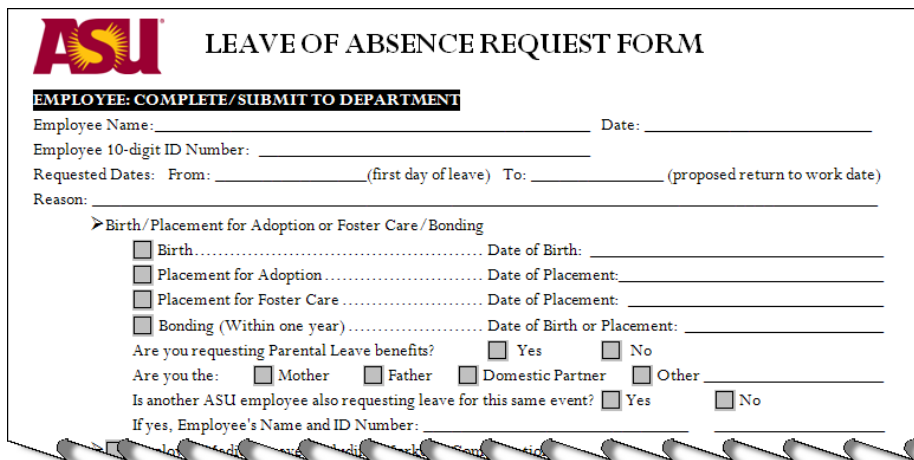
When the need for leave is foreseeable, an employee is required to give at least a 30-day written notice. If the leave is required due to an unforeseeable event, the employee must provide as much notice as is practicable under the circumstances.

- Department receives Leave of Absence Request Form
 - or-
 - Department issues Leave of Absence Request Form
- In the case of employee's inability to complete the necessary paperwork, the department leaves representative should complete the form immediately upon determining the employee will be absent for a qualifying reason

- Complete the Employee and/or Supervisor sections, as applicable
- Indicate date form issued to employee on copy and place in employee's leave file

Important: Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.

- Fax copy to Disability & Leaves Program Management Unit at 480-993-0007



ASU LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE: COMPLETE / SUBMIT TO DEPARTMENT

Employee Name: _____ Date: _____

Employee 10-digit ID Number: _____

Requested Dates: From: _____ (first day of leave) To: _____ (proposed return to work date)

Reason: _____

➤ Birth/Placement for Adoption or Foster Care/Bonding

Birth Date of Birth: _____

Placement for Adoption Date of Placement: _____

Placement for Foster Care Date of Placement: _____

Bonding (Within one year) Date of Birth or Placement: _____

Are you requesting Parental Leave benefits? Yes No

Are you the: Mother Father Domestic Partner Other _____

Is another ASU employee also requesting leave for this same event? Yes No

If yes, Employee's Name and ID Number: _____

Within five business days, the department leaves representative must respond to the employee's request by:

- Determining employee's FMLA eligibility - See Step 3
- Completing the department portion of the following forms
- Issuing the following forms to the employee - in person, via email or US Mail

FMLA Notice of Eligibility with Rights and Responsibility for Military Family Member Health and FMLA Certification for Military Family Business

Step 3 Determine Employee Eligibility for FMLA

To be eligible for FMLA, the employee must:

- 1) Have been employed for at least 12 months **and**
- 2) Have worked at least 1250 hours during the 12 months immediately prior to the requested leave date **and**
- 3) Have not already exhausted his/her FMLA entitlement.

Eligibility Requirement #1

Verify that the person has been an Arizona University System - Arizona State University, Northern Arizona University, The University of Arizona, or Arizona Board of Regents - employee for at least 12 months.

- * Months do not need to be consecutive - e.g. three months in 2010 plus two years 2005-2006
- * Employment prior to a break in service of seven years or more should not be counted unless the employee was on active duty with the National Guard or Reserve or there was a written agreement of intent to rehire the employee after the break in service.

In the Human Resources Information System - HRIS:

- 1) Go to Workforce Administration
- 2) Select the Job Data screen
- 3) Enter the employee's 10-digit ID number - or - the employee's first and last names
- 4) Select Include History
- 5) Click Search
- 6) You are now on the Work Location screen

The screenshot shows the 'Work Location' screen in the HRIS. The 'Work Location' tab is selected and highlighted with a red box. The screen displays the following information:

HR Status:	Active	Payroll Status:	Active	Job Indicator:	Primary Job
Effective Date:	02/08/2010	Sequence:	0		
Action / Reason:	Rehire		Rehire After 12th Months		Current
Last Start Date:	02/08/2010	Termination Date:			
Expected Job End Date:		<input type="checkbox"/> End Job Automatically		Position Entry Date:	02/08/2010
Position Number:	156600	<input type="checkbox"/> Consultant			
Override Position Data		<input type="checkbox"/> Position Management Record			
Regulatory Region:	USA	United States			
Company:	ASU	Arizona State University			
Business Unit:	D0101	D - Business & Finance			
Department:	D0501005			Department Entry Date:	02/08/2010
Location:	TEMPE	Campus: Tempe			
Establishment ID:	ASU00	Arizona State University			
				Date Created:	02/10/2010

At the bottom of the screen, the 'Employment Data' link is highlighted with a red box. Other links include 'Earnings Distribution' and 'Benefits Program Participation'. The bottom navigation bar includes buttons for 'Save', 'Return to Search', 'Notify', 'Previous Job', 'Next Job', 'Refresh', 'Update/Display', and 'Include History'.

- 7) Select Employment Data

8) You are now on the Employment Information screen

Favorites | Main Menu > Workforce Administration > Job Information > Job Data

Employment Information

John Smith EMP ID: 1010101010 Empl Rcd #: 0

Organizational Instance

Organizational Instance Rcd: 0 Original Start Date: 03/29/2004 Override

Last Start Date: 02/08/2010 First Start Date: 03/29/2004

Termination Date: Years Months Days

Org Instance Service Date: 03/29/2004 Override 6 2 5

Organizational Assignment Data

Instance Record

Last Assignment Start Date: 02/08/2010 First Assignment Start: 03/29/2004

Assignment End Date:

Home/Host Classification: Home Years Months Days Time Reporter Data

Company Seniority Date: 03/29/2004 Override 6 2 5

Benefits Service Date: 03/29/2004 Override 6 2 5

Seniority Pay Calc Date: 03/29/2004 Override 6 2 5

Probation Date:

Professional Experience Date: Last Verification Date:

Business Title: Position Phone:

USA

Job Data Employment Data Earnings Distribution Benefits Program Participation

9) Note the **Original Start Date**

10) Note the **Last Start Date**

11) If the Original Start Date and the Last Start Date are the same and are at least 12 months prior to the requested leave date, the employee has met the first part of the eligibility requirement.

12) The leaves representative should contact the department's designated Leaves Management Partner if the Original Start Date and the Last Start Date:

- * Are the same but within 12 months of the requested leave date, or
- * Are different.

If the person is a transfer employee within the Arizona University System, please contact your department's Leaves Management Partner for assistance in determining eligibility for this first requirement.

Get assistance

Your Leaves Management Partner

[Email HR Disability](#)

At this point, if the employee is not eligible for FMLA, the department may choose to offer an Extended Leave of Absence – staff - or a Leave of Absence without Pay - faculty.

[End-User Document Overview For ASU Leave: Employee Personal \(Non-FMLA\).](#)

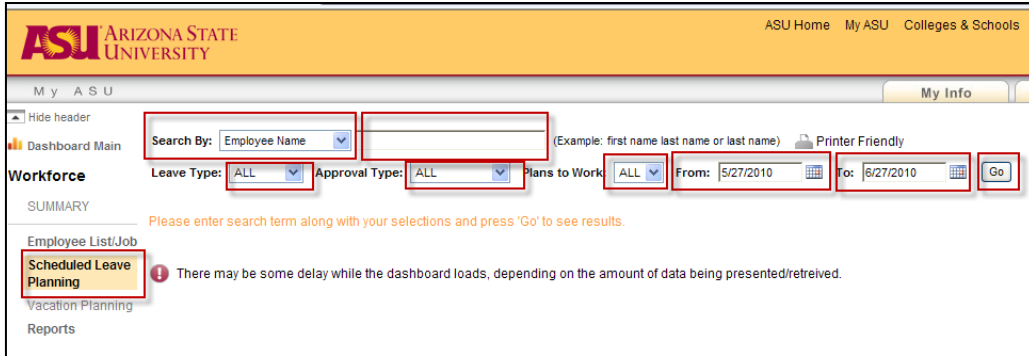
Eligibility Requirement #2

Verify that the employee has **worked** at least 1250 hours during the 12 months immediately prior to the requested leave date.

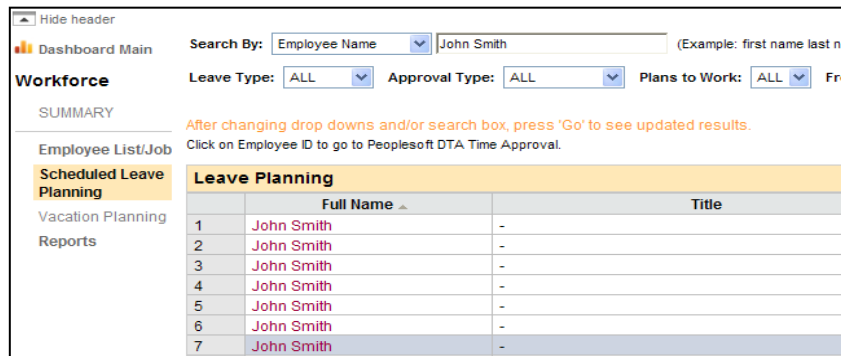
- Unpaid hours off do **not** count
- Paid time off under a leave benefits plan - e.g., sick, vacation or holiday - do **not** count
- Hours taken for National Guard or Reserve duty **do** count
- Hours worked as a student worker **do** count
- Furlough hours **do** count
- If an employee works multiple jobs, worked hours are added together and all **do** count

The **Scheduled Leave Planning Report** on the dashboard is used:

- 1) Go to [dashboard](#)
- 2) Select Human Resources on the left sidebar menu
- 3) Log in
- 4) Select Scheduled Leave Planning, on the left side bar menu



- 5) In the Search By box, select Employee ID - or - Employee Name
- 6) Enter the employee 10-digit ID number - or - employee name in the box to the right
- 7) In the Leave Type box, select ALL
- 8) In the Approval Type box, select ALL
- 9) In the Plans to Work box, select ALL
- 10) In the From box, enter the date one year prior to the requested leave date
- 11) In the To box, enter today's date
- 12) Click Go
- 13) If you entered the employee's name - rather than ID, a menu will appear listing all employees with the identical name; click on your employee's name



- 14) The report will show either:
 - 1) All hours - worked and non-worked - for a non-exempt employee, or
 - 2) All exception hours for an exempt employee

Leave Planning											
Date	Day	Employee ID	Name	Plans to Work	Dept ID	Leave Type	Hourly or Salary	Appr. Not/Appr Denied	Hours	Reports To	
2010-03-12	Fri, Mar 12			-	D0501005	Vacation	S	AP	4		
2010-04-16	Fri, Apr 16			-	D0501005	Sick Leave	S	AP	2.5		

15) Export the report to Excel by clicking on the icon



In the Excel spreadsheet:

➤ For a hourly - non-exempt - employee:

- 1) Delete all exception hour rows - e.g. Vacation, Sick, Holiday
- 2) Total the number of remaining Regular and Furlough hours

➤ For a salaried – exempt - employee:

- 1) Total the number of exception hours
- 2) Determine the employee's annual scheduled work hours

- a) Go to Workforce Administration
- b) Select the Job Data screen
- c) Enter the employee's 10-digit ID number - or - the employee's first and last names
- d) Select Include History
- e) Click Search
- f) Click the Job Information tab along the top
- g) You are now on the Job Information screen

." data-bbox="231 400 750 689"/>

Job Information			
Effective Date:	02/08/2010	Effective Sequence:	0
Action / Reason:	Rehire	Rehire After 12th Months:	Current
Job Code:	191427	Entry Date:	02/08/2010
Supervisor Level:		Full/Part:	Full-Time
Reports To:	109430 Asst Director	Officer Code:	N/A
Regular/Temporary:	LT Temp	Shift Rate:	/
Empl Class:	Svc Prof	Duties Type:	
Regular Shift:	N/A		
Classified Indc:	Svc Prof		
Standard Hours			
Standard Hours:	40.00		
Work Period:	W Weekly		
FTE:	1.000000	<input checked="" type="checkbox"/> Adds to FTE Actual Count?	<input type="checkbox"/> Encumbrance Override
Contract #			
Contract Number:	Next Contract Number	Contract Type:	
ASU Jobcode/Position Data			
Workers' Comp Code:	8868	EEO Job Group:	321
		Management-Related Specialists:	Fingerprint required?: <input type="checkbox"/>

h) Note the Standard Hours

i) Multiply the Standard Hours by 52 weeks

- 3) Subtract the exception hours from the employee's annual Standard Hours

If the total number of worked hours is at least 1250, the employee has met the second part of the eligibility requirement.

If the person is a transfer employee from the Arizona University System, please contact your department's Leaves Management Partner for assistance in determining eligibility for this second requirement.

At this point, if the employee is not eligible for FMLA, the department may choose to offer an Extended Leave of Absence (staff) or a Leave of Absence without Pay - faculty.
[End-User Document Overview For ASU Leave: Employee Personal \(Non-FMLA\).](#)

Eligibility Requirement #3

Determine the amount of FMLA leave the employee has already taken, if any, since the last anniversary month. The anniversary month is the month designated in the **Last Start Date** - See Eligibility Requirement #1.

To search for prior FMLA usage, in HRIS:

- 1) Go to Workforce Administration
- 2) Select the Job Data screen
- 3) Enter the employee's 10-digit ID number - or -
the employee's first and last names
- 4) Select Include History
- 5) Click Search
- 6) You are now on the Work Location screen

The screenshot shows the 'Work Location' screen for John Smith (EMP ID: 10101010). The 'Action Reason' field is set to 'Return from Leave'. The 'Effective Date' is 04/06/2009. The 'Last Start Date' is 11/13/2007. The 'Date Created' is 04/15/2009. The 'Last' button in the search bar is highlighted with a red box.

7) Click on the arrow to the left of the word Last

8) Continue to click the arrow while searching for a Return from Leave in the Action field

Remember – You need only go back as far as the last anniversary date.

- 9) If there is a Return from Leave action, note the effective date
- 10) Continue to click the arrow to search for the Un/Paid Leave of Absence in the Action field
- 11) Note the effective date
- 12) Count the number of days between the effective dates and divide by 7 to calculate the number of weeks and days the employee has already used
- 13) Determine if the employee has had any Intermittent Leave usage during this period by referring to the employee's department leave file. Count the actual number of work hours missed and divide by 8 to calculate the number of days already used.

Subtract the amount of FMLA time already taken since the last anniversary date from the 12-week entitlement to determine how many weeks the employee has remaining to use.

If the person is a transfer employee from the Arizona University System, please contact your department's Leaves Management Partner for assistance in determining eligibility for this second requirement.

At this point, if the employee is not eligible for FMLA, the department may choose to offer an Extended Leave of Absence (staff) or a Leave of Absence without Pay - faculty.
[End-User Document Overview For ASU Leave: Employee Personal \(Non-FMLA\).](#)

Step 4 Issue the [FMLA Notice of Eligibility with Rights & Responsibility for Military Family Business](#)

This is the first notice to be given to the employee upon receipt - or issuance - of a leave request. This notice gives **conditional leave approval**, information about the employee's eligibility for FMLA leave, details the employee's specific responsibilities and explains any consequences for the employee failing to meet those responsibilities.

- Complete the form, as applicable
 - Mail to the employee along with the appropriate supplemental form - See Step 5
 - Indicate date form issued to employee on copy and place in employee's leave file
- Important:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.



FMLA NOTICE OF ELIGIBILITY WITH RIGHTS & RESPONSIBILITY FOR MILITARY FAMILY BUSINESS

DATE: _____ Employee 10-digit ID: _____

TO:

FROM: _____
College or Department Name College or Department Number

FAX THIS FORM TO: HR DISABILITY & LEAVES PROGRAM MANAGEMENT UNIT AT 480.993.0007

Dear _____

Step 5 Include the FMLA Certification for Military Family Business

It is the employee's responsibility to prove the need for FMLA leave and ASU uses the certification to request the necessary qualifying information. If the employee does not supply this completed certification, ASU has the right to deny the requested leave.

- Complete Section I
- You must allow the employee at least 15 calendar days to return the certification
- Mail to the employee with the Notice of Eligibility - See Step 4
- Request that the employee complete Section II
- Instruct the employee to return the form to the department leaves representative
- Indicate date form issued to employee on copy and place in employee's leave file

Important: Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.

- Fax copy to the Disability & Leaves Program Management Unit at 480-993-0007



**FMLA CERTIFICATION FOR
MILITARY FAMILY BUSINESS**

Name _____

Address _____

Please return this form
by _____ to:

Telephone (____) _____ FAX: (____) _____

SECTION I: Instructions for Completion by the Department

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete the return address section above and Section I before giving this form to your employee. You may not ask the employee to provide more information than allowed under the FMLA regulations.

**Step 6 Issue the FMLA Designation Notice for
Military Family Business**

After the department has received and reviewed the FMLA Certification for Military Family Business, the Designation Notice is provided to advise the employee if the FMLA leave has been approved or denied, or if additional information is needed.

- Complete and mail to the employee within five – 5 - business days of receipt of the certification
 - Indicate date form issued to employee on copy and place in employee's leave file
- Important:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.



**FMLA LEAVE DESIGNATION NOTICE
MILITARY FAMILY BUSINESS**

DATE: _____ Employee 10-digit ID: _____

TO:

FROM: _____
College or Department Name College or Department Number

FAX THIS FORM TO: HR DISABILITY & LEAVES PROGRAM MANAGEMENT UNIT AT 480.993.0007

Dear

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and any supporting

Step 7 Issue the Leave of Absence Status Change Form

➤ Issue form **in the pay period** any of the following occurs:

- * The duration of leave period changes
- * The type of leave changes
- * The pay status changes
- * The employee returns to work

➤ Fax to Disability & Leaves Program Management Unit at 480-993-0007

➤ Indicate date faxed and place in employee's leave file

Important: Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.

LEAVE OF ABSENCE STATUS CHANGE FORM	
Employee Name _____	Date: _____
Employee 10-digit ID Number: _____	
Department Name: _____	Department Number: _____
CHANGE LEAVE DATE	Revised Leave Begin Date: _____
	Revised Return to Work Date: _____
CHANGE LEAVE TYPE	EFFECTIVE DATE: _____
From: <input type="checkbox"/> FMLA	To: <input type="checkbox"/> FMLA
<input type="checkbox"/> FMLA: Workers' Compensation	<input type="checkbox"/> FMLA: Workers' Compensation
<input type="checkbox"/> Extended Leave (Staff)	<input type="checkbox"/> Extended Leave (Staff)
<input type="checkbox"/> Extended Leave (Staff): Workers' Compensation	<input type="checkbox"/> Extended Leave (Staff): Workers' Compensation
<input type="checkbox"/> Health Related Leave (Faculty/sick)	
<input type="checkbox"/> Leave Without Pay (Faculty)	<input type="checkbox"/> Leave Without Pay (Faculty)
<input type="checkbox"/> Leave Without Pay (Faculty): Workers' Compensation	<input type="checkbox"/> Leave Without Pay (Faculty): Workers' Compensation
<input type="checkbox"/> Parental	<input type="checkbox"/> Parental
<input type="checkbox"/> Military	

Time Reporting and Intermittent Leave

Time Reporting

The employee should already have completed the Request for Time Off form - or used the department's alternative request process - and the leave should be approved. The department leaves representative or department time administrator is then responsible for recording an employee's leave hours while the employee is absent from work on FMLA.

To record time in HRIS, go to:

Manager Self Service

Time Management

Report Time

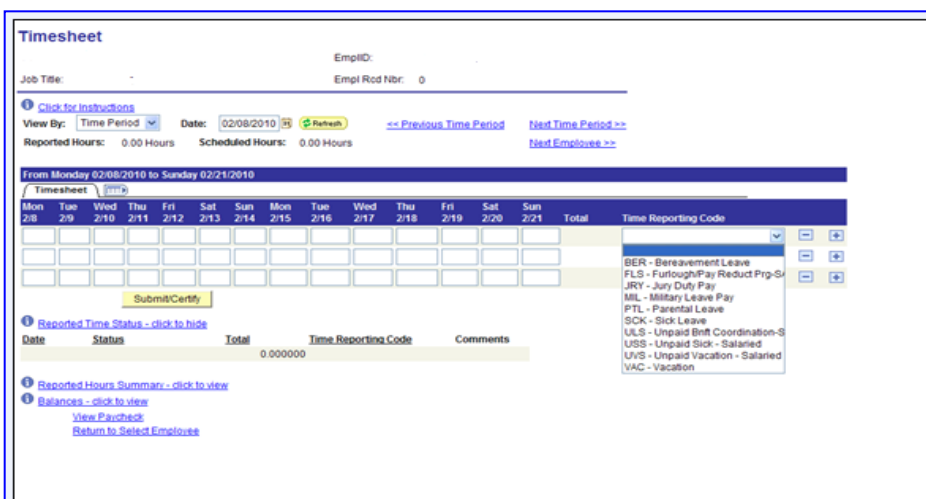
Timesheet

Click: Get Employees

Select employee

View By: Time Period

On a daily basis, enter the number of hours of eligible time:



The screenshot shows the 'Timesheet' interface with the following elements:

- Header:** 'Timesheet' title, 'EmpID:' field, and 'Empl Rod Nbr: 0'.
- Navigation:** 'Click for Instructions', 'View By: Time Period', 'Date: 02/08/2010', and 'Renew' button.
- Summary:** 'Reported Hours: 0.00 Hours' and 'Scheduled Hours: 0.00 Hours'.
- Calendar:** A grid showing days from Monday 02/08/2010 to Sunday 02/21/2010. A 'Submit/Certify' button is located below the calendar.
- Dropdown Menu:** A list of 'Time Reporting Code' options including: BEREAVEMENT LEAVE, FLS - Furlough/Pay Reduct Prog-S, MIL - Military Leave Pay, PTL - Parental Leave, SCK - Sick Leave, ULS - Unpaid Bnft Coordination-S, USSS - Unpaid Sick - Salaried, UVS - Unpaid Vacation - Salaried, and VAC - Vacation.
- Summary Table:** A table with columns: Date, Status, Total, Time Reporting Code, and Comments. The 'Total' row shows '0.000000'.
- Footer:** Links for 'Reported Time Status - click to hide', 'Reported Hours Summary - click to view', and 'Balances - click to view'.

Description	Pay Code	
Compensatory Time, Paid	CTH - hourly	An hourly employee must use and exhaust any compensatory time.
Vacation, Paid	VAC - salaried VAH - hourly	An employee may then use accrued vacation time to remain in a paid status.
Unpaid Vacation Unpaid Vacation	UVS - salaried UVH - hourly	Use only when an employee has both paid and unpaid time in the same pay period - e.g. 50 hours VAC and 30 hours UVS Because the employee is still in an Active – paid - status, a salaried employee would continue to be paid full salary if the unpaid sick code is not used.
If an employee has no paid hours available in a pay period, issue the LOA Status Change Form and report no hours.		

Intermittent Leave

Upon notification that an employee will be using Intermittent Leave, the Disability & Leaves Program Management Unit will send to the department leaves representative a form designed to assist the department in tracking the employee's time.

More Information

Contact

[OHR Benefits Design and Management](#)
[Disability and Leaves Program Management Unit](#)

For Department Use Only

[Your Leaves Management Partner](#)
[Email](#) HR Disability

QUICK REFERENCE GUIDE

Process Checklist

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**Forms
and Policy
References**

ACD POLICIES

[702-03 FAMILY LEAVE](#)

[704-02 VACATION LEAVE-FISCAL YEAR APPT](#)

[707 LEAVE OF ABSENCE WITHOUT PAY](#)

SPP POLICIES

[404-04 OVERTIME](#)

[702-01 VACATION LEAVE](#)

[705-01 EXTENDED LEAVE OF ABSENCE](#)

[705-02 FAMILY LEAVE](#)

FORMS

Generic to all leaves:

- [LEAVE OF ABSENCE REQUEST FORM](#)
- [LEAVE OF ABSENCE STATUS CHANGE FORM](#)

Specific to Military Family Business

- [NOTICE OF ELIGIBILITY WITH RIGHTS, & RESPONSIBILITY \(FMLA\)](#)
- [CERTIFICATION FOR MILITARY FAMILY BUSINESS \(FMLA\)](#)
- [DESIGNATION NOTICE \(FMLA\)](#)