

Black Hawk County Checklist for FMLA Leave

This checklist is intended for use as a guideline for determining an employee's eligibility for FMLA leave. If there is any doubt on the part of the supervisor or leave administrator, please contact the Human Resources Department for guidance.

Checklist for completing Notice of Eligibility and Rights & Responsibilities Form WH-381:

NOTE: The Notice of Eligibility form should be completed by the employer within five business days of receipt of the employee's request for leave.

1. Does employee qualify for FMLA leave?	Yes	No
1a. Has employee been employed by Black Hawk County for at least 12 months? (months of service need not be consecutive)		
1b. During the 12-month period immediately preceding the leave start date, has the employee worked at least 1,250 hours? (count only regular work hours and overtime hours)		
<i>If Yes to both 1a and 1b, proceed to question #2 below. If No to either 1a or 1b, notify the employee on the Notice of Eligibility form WH-381 that he/she does not qualify for FMLA leave.</i>		

2. Does reason for leave qualify under the FMLA guidelines?	Yes	No
2a. Is leave due to the birth of a child, or placement of a child with the employee for adoption or foster care?		
2b. Is leave for the care of a spouse, parent (not in-law), or child due to his/her serious health condition? (Child must be under age 18 unless disabled)		
2c. Is leave for the employee's own serious health condition?		
2d. Is leave for a qualifying exigency arising out of the fact that the employee's spouse, child, or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves?		
2e. Is leave because the employee is the spouse, child, parent, or next of kin to a covered service member who has suffered a serious injury or illness in the line of duty while on active duty?		
<i>If Yes to any of the above, complete Notice of Eligibility form WH-381 and provide it to the employee along with the appropriate Certification form if certification is required. If No to all, notify the employee on the Notice of Eligibility form WH-381 that the FMLA does not apply to the employee's leave request.</i>		

Additional Notes: The employee must provide notice of the need for leave as soon as both possible and practical. When foreseeable, the employee should provide at least 30 days' advance notice. When not foreseeable, it should be practicable for the employee to provide notice of the need for leave either the same day he/she becomes aware of the need or the next business day.

If the employer requires medical certification by a health care provider, the employee must be given at least 15 calendar days to return the certification. If the certification is incomplete or insufficient, the employee must be provided at least 7 more calendar days to have the certification completed to

cure any deficiency (Designation Notice form WH-382 should be completed indicating what additional information is needed).

Checklist for completing Designation Notice Form WH-382:

NOTE: The Designation Notice form should be completed within five business days of receiving enough information to determine whether a leave is being taken for an FMLA-qualifying reason.

3. Does the health condition qualify as a “Serious Health Condition”?	Yes	No
3a. Does the health condition require inpatient care (an overnight stay in a hospital, hospice, or residential medical care facility)?		
3b. Does the period of incapacity require absence of more than three consecutive, full calendar days (does not need to be work days) and also involve: (1) Treatment two or more times within 30 days of the first day of incapacity; or (2) Treatment on at least one occasion which results in a regimen of continuing treatment such as prescription medicine, physical therapy, etc. If so, was the first treatment by a health care provider an in-person visit within seven (7) days of the first day of incapacity?		
3c. Is the health condition due to pregnancy or prenatal care? <i>(If yes, condition qualifies for FMLA even if the employee does not receive medical treatment during the absence and the absence does not last more than three consecutive calendar days.)</i>		
3d. Is the incapacity due to a chronic serious health condition which: (1) Requires periodic visits (at least twice a year) for treatment; and (2) Continues over an extended period of time (including recurring episodes of a single underlying condition); and (3) May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.) <i>(If yes, condition qualifies for FMLA even if the employee does not receive medical treatment during the absence and the absence does not last more than three consecutive calendar days.)</i>		
3e. Is the health condition permanent or long-term due to a condition for which treatment may not be effective? (e.g., severe stroke, Alzheimer’s, terminal disease)		
3f. Is the period of absence for purposes of receiving multiple treatments and any recovery therefrom by a health care provider for: (1) Restorative surgery after an accident or other injury; or (2) A condition that would likely result in a period of incapacity of more than three consecutive, full calendar days in the absence of medical intervention or treatment (e.g., chemo-therapy, radiation, physical therapy, dialysis, etc.)		
<i>If the answer to any of the questions in this section is Yes, complete Designation Notice form WH-382. If No to all, notify the employee on the Designation Notice form WH-382 that the FMLA does not apply to the employee’s leave request.</i>		

When planning medical treatment, the employee must consult with his/her supervisor or department head and make a reasonable effort to schedule treatment so as not to unduly disrupt departmental operations, subject to approval of the health care provider.