

## **Appendix A: Manager Training**

The following suggestions may help you to develop a presentation to train your managers. Each of the headings represents a slide with the topics you can provide in your presentation.

### ***Introduction to FMLA***

What FMLA is, eligibility, qualifying events

### ***Recognize the Need for FMLA***

Listen for cues from employees about the number of days off work, the need for prescriptions, multiple appointments, or the inability to perform activities of daily living

### ***Send Employees to Human Resources***

This not only benefits Human Resources, but this can take the burden off managers

### ***Approval and Use of FMLA***

Informs management of an employee's approval for FMLA and what to expect for that employee's attendance

### ***Communicate with Employees***

Reinforce the method to be used by employees when requesting time off work for the FMLA-related reason

### ***Monitor the Use of FMLA***

Compare the actual time off to the expectations provided in the FMLA approval from Human Resources

## ***Contact Human Resources***

Bring suspicions, comparisons of time off with expectations, and questions to Human Resources

## **Appendix B: Timelines and Deadlines**

This information highlights important timelines and deadlines from the regulation covering FMLA.

### ***Employee Notice***

At least 30 days' notice, if leave is foreseeable.

As soon as practicable, if leave is unforeseeable, or will be in less than 30 days.

### ***Employee's Eligibility***

Within five (5) business days of learning that an employee's absence may be FMLA-qualified, provide the employee of eligibility to take FMLA leave.

### ***Certification***

The employer must give an employee at least fifteen (15) calendar days to return certification to the employer.

### ***Designation***

Designation must be provided within five (5) business days after receiving enough information (i.e., certification) that an employee qualifies for FMLA leave.

## Appendix C: Sample Text

These may help you to prepare your responses to requests for FMLA. Create a template or plain, unformatted document with text you will use frequently.

### *Approval and Usage*

Your request for FMLA for your serious health condition is approved from [begin date] – [end date] on a consecutive basis.

This period may be shortened or extended based upon the health care provider's recommendation, a statement of which may be faxed to my attention at [insert telephone number].

Your request for FMLA for your child's serious health condition is approved on an intermittent basis from [begin date] – [end date].

The use of FMLA is for episodic flare-ups periodically preventing you from performing your job functions. Your health care provider has stated that flare-ups could occur up to X times per week/month with a duration of incapacity up to X hours/days per episode.

The use of FMLA is for appointments and episodic flare-ups periodically preventing your child in participating in normal daily activities, which require your care.

Appointments should be scheduled to minimize disruption to company operations, such as at the beginning or end of the work day or during anticipated slower periods of the work week.

You are to notify your management of appointments or absences according to the department's regular notification procedures and inform them that the absence is related to your use of FMLA.

## ***Time Keeping***

In [time-keeping], FSICK will be used first for available sick hours, then FVAC for available vacation hours, then FPTO for unpaid time off. Supervisors are responsible for monitoring the number of hours used.

## ***Return to Work***

I must have a return-to-work statement on or before your first day back to work and I will notify your management when I receive that.

Please check in with me [check-in period] prior to your return to work. I can be reached at [insert telephone number]. This is to confirm your return-to-work date.

I have received a statement that John Doe may return to full duty on [return date] with no restrictions.

## ***Period Ending, Annual Certification***

This use of FMLA will end on [end date] and the file will close automatically. A new certification is required to use FMLA after this date.

## ***FMLA Not Available, Not Approved***

Because you have not completed at least twelve months of employment or 1,250 hours of work preceding your request for FMLA, your request for FMLA cannot be approved at this time.

Your request for FMLA cannot be approved at this time. The certification submitted does not describe a health condition adequately to evaluate the need for time off.