Family and Medical Leave Act and Vermont Parental Leave Act



SAMPLE INITIAL CHECKLIST

Please complete a copy of this form for each FMLA/VPFL-qualifying leave.

Employee name: _____

Request is for: ☐ Employee ☐ To care for a family member

If the request is for a family member, state relationship:
_____

Check all true statements:

☐ The employee has been employed by the employer for at least 12 months.

☐ The employee has worked at least 1,250 hours (FMLA) or an average of 30 hours per week in the 12-month period immediately preceding the date of leave.

☐ The employee has requested leave; the employee has called in sick three days; or the employer is otherwise aware that an employee's absences may be for an FMLA/VPFL qualifying reason.

☐ The employer has provided the employee with the FMLA Notice of Eligibility and Rights & Responsibilities.

☐ The employer has requested the employee to provide medical certification for qualifying leave based on serious health condition of employee or family member.

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☐ The employer has provided the employee with the FMLA Designation Notice.