

FMLA/PDL Checklist for Employer Compliance: 50 or More Employees

Company Name

Number of employees, full-and/or part-time.

Employee Name

If employer has 50 full-and/or part-time employees, employer is covered by FMLA/CFRA and PDL.

Note: An employee who is pregnant and has not yet met the eligibility requirements for FMLA/CFRA will be entitled only to PDL; therefore, this form is not applicable.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Employer has published FMLA/PDL leave policy in its employee handbook. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee has been employed for 12 months and 1,250 hours and therefore is eligible for FMLA/CFRA. If no, this form is not applicable to this employee. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee is disabled because of pregnancy, childbirth or related medical condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employer requires medical certification of need for leave. If yes:
<input type="checkbox"/> Yes <input type="checkbox"/> No Employee is on notice of the medical certification requirement and has been given a form for her treating physician to complete.
Date form provided: _____. Date form returned: _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employer requires medical certification of the employee's ability to return from FMLA/PDL. If yes:
<input type="checkbox"/> Yes <input type="checkbox"/> No Employee is on notice of the medical certification requirement and has been given a form for her treating physician to complete.
Date form provided: _____. Date form returned: _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employer continues payment of wages for other types of disability leave. If yes, employee must be paid.
Amount of time employee to be paid: _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employer's policy allows the use of accrued sick leave during FMLA/PDL, or employee may elect to use any accrued sick leave during unpaid leave. Number of hours of accrued sick leave available to employee:
_____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee has vacation accrued that she may use during the unpaid FMLA/PDL. Number of hours of accrued vacation available to employee: _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee has requested intermittent leave or a reduced work schedule. If yes:
<input type="checkbox"/> Yes <input type="checkbox"/> No The employee has provided medical documentation of the need for such leave. |
| <input type="checkbox"/> | <input type="checkbox"/> | Employer provides health benefits to employees on other types of disability leave. |
| <input type="checkbox"/> | <input type="checkbox"/> | The employee participates in employer's health benefit plan. If yes:
<input type="checkbox"/> Yes <input type="checkbox"/> No Date employer provided employee with information about continuation of health benefits: _____. |

Employee returned to work within the time allowed by law, on _____ (date),

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or

Employee requested CFRA leave, which began on _____ (date).

Employee should return to work on _____ (date).