Family Medical Leave Act (FMLA) Eligibility Checklist and Certification

Foreseeable leave requires 30 days notice except where not practicable due to lack of knowledge, change in circumstances, or a medical emergency, then notice must be given as soon as practicable. As soon as practicable ordinarily means within on or two business days of when the need for leave becomes known to the employee.	
PLEASE CONFIRM THE FOLLOWING STATEMENTS	**Initials**
1. I have worked for CTC for at least the last 12 months.	________
2. I have worked at least 1,250 hours in the last 12 months.	________
3. Have you used any FMLA leave during the current year?	**YES _____** **NO _____**
3. I MEET AT LEAST ONE OF THESE QUALIFYING EVENTS:	**Please initial the condition that apply**
Serious health condition of employee which makes the employee unable to perform the essential functions of his/her position. Serious health condition means an illness, injury, impairment, or physical or mental conditions that involve: overnight stay in a hospital, hospice or residential medical care facility or continuing treatment by a health care provider including pregnancy or pre-natal care, inpatient care, incapacity that lasts more than three calendar days, chronic conditions that result in episodes of incapacity and sometimes require treatment by a health care provider, permanent or long-term condition that require medical supervision, or multiple treatments required to prevent periods of incapacity that otherwise would be likely to last more than three calendar days.	__________
Birth of child and in order to care for such son or daughter for a period beginning on the date of birth. I understand that leave must be completed within the 12 months following the birth date.	__________
Placement of a son or daughter with the employee for adoption or foster care following the date of placement. I understand that leave must be completed within the 12 months following the placement date.	__________
The need to care for a spouse, child or parent with a serious health condition. Children must be under 18 or over 18 and unable to care for themselves. Does not include parents-in-law.	___________
Injured Servicemember or Active Duty Family Leave. Qualified individual is allowed up to 26 weeks of leave in a single 12- month period to care for a servicemember who incurred a serious injury or illness while on active duty in the United States Armed Forces. Authorized up to 12 weeks of FMLA leave for "any qualifying exigency"(as defined by DOL) if the employee's spouse, parent, or child has been called to active duty service in the United States Armed Forces, this does not include those who are full time active duty servicemembers.	___________

I understand and acknowledge that FMLA is limited to 12 weeks of unpaid job-protected leave within a twelve month period, except for Injured Servicemember or Active Duty Family Leave which is limited to 26 weeks of unpaid job-protected leave. After exhausting the 12 week or 26 week entitlement allowed under FMLA, CTC is not obligated to place me back in my previous position or to find a different position for me and I may be subject to termination.
I understand and agree to re-apply annually for FMLA leave if my condition is permanent or long-term.
I understand and agree that any accrued Sick Leave and Vacation will be substituted and applied to my payroll record prior to authorization of Leave Without Pay under FMLA. I understand and agree that this

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substitution does not extend the amount of FMLA leave.
I understand and agree to report my progress of recovery and my intent to return to work to my supervisor and to Employment Services on the first and third Monday of each month.
I understand and agree to provide medical certification of my condition within 15 days of requesting FMLA leave and failure to provide this to the employer may result in denial of leave until it is provided.
I understand that if the FMLA leave is for my own serious health condition I am required to provide CTC with written medical updates of my condition and I must submit written certification by my medical provider or a Return to Work form of my ability to return to work. This must be provided to CTC prior to returning to work.
I understand that I must stay in touch with my employer and notify them if my circumstances change such as: released for light duty; return to full duty; reach maximum medical improvement; whether I may need a reasonable accommodation to perform the essential functions of my job; if my address or phone number changes or discovery that more or less leave may be required, or illness occurs that is unrelated to my FMLA leave.
In the event that my leave of absence exceeds twelve weeks, please be advised of Central Texas College's absence control policy. Pursuant to policy, any employee who has been on a non-military leave of absence, and who fails to return to work after the approved leave expires, may be considered administratively terminated from employment and will be removed from active employment if the appropriate documentation has not been submitted by the employee and no arrangement has otherwise been secured for continued employment.
I have been provided all the necessary forms, information, a copy of CTC FMLA Policy No. 390, and I was given a copy of DOL Fact Sheet#28 on FMLA, revised January 2009.
My signature and date below certifies that I understand all of my obligations under FMLA and have received all of the necessary forms.
____________________ / ________________ / ________________ / ________________ **Name (Please type or print) Department Work Phone Home Phone**
____ **Home Address (Please type or print) City ST ZIP**
Signature (Required) ________________________________
Remember, all questions that you may have regarding your FMLA leave, the enclosed Department of Labor Forms, or any continued insurance benefits should be directed to Employment Services at (254) 526-1304.

Forward signed original to Assistant Director, Human Resource Management,
Central Texas College, PO Box 1800, Killeen, TX 76540-1800