FMLA Eligibility Checklist

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| --- | --- | --- | --- |
| Determining employee eligibility for FMLA leave | Done | Not applicable | Note |
| **Determine if you are a covered employer** | | | |
| Does your organization meet the criteria of 50 or more employees in 20 or more workweeks in the current or preceding calendar year? |  |  |  |
| Is the organization a public agency, including local, state, and federal employers, or local education agency? |  |  |  |
| **Prepare for a notice from the employee** | | | |
| Have you informed employees of their obligation to provide at least 30 days advance notice when the need for leave is foreseeable, or as soon as practicable if the need is not foreseeable? |  |  |  |
| Have you documented the employee’s right to provide verbal or written notice, including any relevant details about the reason for leave? |  |  |  |
| **Review the employee’s tenure** | | | |
| Have you reviewed the employee’s employment history to determine if they have worked for the company for at least 12 months (non-consecutive months are permissible)? |  |  |  |
| Have you considered breaks in their service longer than seven years, and exceptions for military services or written rehire agreements? |  |  |  |
| **Evaluate the hours worked** | | | |
| Have you verified if the employee has completed at least 1,250 hours of service during the 12 months immediately preceding the leave? |  |  |  |
| Have you used time and attendance records, and ensured that you accurately account for all hours worked? |  |  |  |
| **Determine the reason for the leave** | | | |
| Have you confirmed if the reason for the leave falls under one of the FMLA qualifying reasons? |  |  |  |

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| Determining employee eligibility for FMLA leave | Done | Not applicable | Note |
| **Verify the relationship with the person requiring care** | | | |
| Have you confirmed if the person requiring care is the employee’s spouse, child, or parent (for serious health condition leave)? |  |  |  |
| In the case of military caregiver leave, have you verified if the person requiring care is the employee’s spouse, child, parent, or next of kin? |  |  |  |
| **Request required documentation** | | | |
| Have you requested medical certification for serious health condition leave or military caregiver leave? |  |  |  |
| Have you requested certification of a qualifying exigency for military family leave? |  |  |  |
| Have you provided the eligible employee with a reasonable deadline (usually 15 calendar days) to submit the required documentation? |  |  |  |
| Have you reviewed all submitted documentation for completeness and accuracy, and requested additional information where necessary? |  |  |  |

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