Family/Medical Leave Checklist
From the Office of Human Resources
Minnesota State University, Mankato

Going on a Medical or Maternity/Parental Leave of Absence

______ Submit a written request for leave to your supervisor (faculty should submit to their department chair and dean) indicating:
   1) the reason you are requesting leave of absence,
   2) the dates you plan to be absent and the date you plan to return to work, and
   3) the amount of each type of leave (e.g., sick leave, unpaid leave, etc.) you plan to use.

______ Notify the FMLA Coordinator in Human Resources of your leave of absence and provide a copy of your written request so the following can be determined:
   1) if your leave qualifies under the Family/Medical Leave Act (FMLA), and
   2) if you have disability benefits for which you may file a claim, OR
   3) if you need to file a Workers’ Compensation claim.

______ Upon request from the FMLA Coordinator, have your health care provider complete the “Certification of Health Care Provider” form for the FMLA and return it to Human Resources by the due date: ________________________________.

______ Have your health care provider supply medical updates to the FMLA Coordinator. You will be notified in writing if medical updates are required and how often they must be provided or it may be outlined in the Notice of Right and Responsibilities which you should have received by the FMLA Coordinator.

______ If you have short-term disability insurance, obtain the benefits claim instructions from Human Resources. The insurance company, The Hartford, will determine your eligibility for disability benefits and will send payments directly to you (not through payroll). The Hartford may require periodic medical updates.

______ If you are on unpaid leave for part or all of your leave of absence, you will receive information and instructions for continuation of insurance coverage from Minnesota Management & Budget (MMB).

______ For birth or adoption, if you want to add the child to your insurance, obtain the necessary form(s) from the HR Benefits Specialist and submit the form(s) to MMB within 30 days of the birth/adoption.

Extending Your Leave of Absence

______ If you need an extension of your medical leave, notify your supervisor or chair/dean. This must be done before your current leave ends. Provide verbal notification if necessary, but be sure to follow up in writing. Your request must include:
   1) the reason you need to extend your leave of absence,
   2) the additional dates you plan to be absent and the date you plan to return to work, and
   3) the amount of each type of leave (e.g., sick leave, unpaid leave, etc.) you plan to use.

______ Notify the FMLA Coordinator of your need to extend the leave and send a copy of the written request.
If you have filed a claim for disability benefits, notify The Hartford (phone# 800-898-2458).

Provide medical certification from your health care provider to the FMLA Coordinator and, if applicable, to the disability insurance company for the requested extension.

**Returning to Work**

Contact your supervisor or chair/dean and the FMLA Coordinator in advance to confirm the date you will return to work.

Prior to returning to work, have your health care provider complete a Fitness for Duty Certification (obtain from the FMLA Coordinator). Send the Fitness for Duty Certification to Human Resources in advance or bring it in on the date you return to work. Your return to work may be delayed if you do not provide a Fitness for Duty Certification. Please note, if you have been gone from work for an extended period of time, there may be additional notice required through your applicable bargaining contract/agreement.

Work with your supervisor/chair/dean, Human Resources, and/or the university Environmental Health & Safety Office to accommodate work restrictions if necessary.

Contact the HR Benefits Specialist and/or FMLA Coordinator if you will not be able to return to work. There may be additional benefits or other resources available in cases of long-term or permanent disability.

Please refer to your collective bargaining agreement or personnel plan and the Family and Medical Leave Act for additional information about your rights and responsibilities.

**Contacts**

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336 Wigley Administration Center
Mankato, MN 56001
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Fax: 507/389-2960
E-mail: hr@mnsu.edu

Disability Insurance Claims
The Hartford
Phone: 800-898-2458
Fax: 877-454-7217
call The Hartford to obtain a mailing address if needed