



BBP Admin

BENEFITS ADMINISTRATION

COBRA, FMLA, FSA, HRA, HSA, LIFESTYLE, TRANSIT

Leave Of Absence Reminder and Checklist & Request Form

Case Manager Support: support@bbpadmin.com or 630-775-8551

It is best practice to remind employees and supervisors that employees must give at least 30 days advance notice of the need to take FMLA leave when the employee knows about the need for the leave in advance, and it is possible and practical to do so. The second page of this checklist and reminder is a request form so that BBP Admin can start any FMLA process to assist you in planning your scheduling accordingly if any employees will be out on leave.

Checklist for Employee

1. Speak with your supervisor or HR department as soon as you are aware that you may need a leave of absence.
2. Work with your case manager or HR department to complete appropriate FMLA leave of absence documentation. (Please reach out to the Case Manager listed above to start the process). Note: A Leave of Absence Election Form and information regarding your benefit continuation will be e-mailed after your leave of absence request has been processed.
Family Care Leave – A family medical leave requires a physician statement which must be completed on [form WH-380-F](#).
Care of Covered Servicemember Leave – You will need to include the [DOL \(Department of Labor\) form WH-385](#).
Qualifying Exigency Leave – You will need to include the [DOL \(Department of Labor\) form WH-384](#).
3. Keep in contact with your case manager and HR department during your leave of absence to communicate any changes with your leave, such as requesting an extension or discussing a possible return to work.
4. No later than two weeks prior to returning from your leave contact your case manager or HR department area to let them know your date of return so your employment status can be reactivated. If the leave was due to your illness or recovery, a Physician's Statement to return to work will have to be provided.
5. When you return from your leave, review your paystub for pay accuracy and continuing benefit deductions.

Checklist for Supervisor or HR Department

1. Review to determine employee eligibility for leave or contact your case manager for assistance.
2. Contact case manager or HR Department via email or phone regarding leave request.
3. Review time off for employees and report time to HR department so that department can let BBP Admin know if any contributions will have to be collected during this leave.
4. Prepare proper scheduling of active employees to accommodate for the leave.
5. Any questions about leave reach out to HR to assist.

BBP Admin Reminders

1. Your case manager will walk you through the entire process and handle all paperwork for employees.
2. BBP Admin will assist in coordination of any additional leave, disability, or ADA Accommodations.
3. BBP Admin will assist in coordinating any COBRA due to failure to pay or job abandonment.

Please note the submit button on form below will only work if you open directly in Adobe Reader, Internet Browsers do not support submit buttons.

Family and Medical Leave Absence Request Form

Email

Employee Name Date of Request

Address

Street/Box City State Zip

Phone Email SSN

DOB Gender Employment Status

Personal Email Cell Phone

Company Name Supervisor Name

Work State Hire Date Exemption Status

Have you taken FMLA during the past 12 months?

No Yes If yes, when?

REASON FOR LEAVE

Select the reason for requesting FMLA:

- The birth of your child or placement of a child with you for adoption or for foster care
- The need to care for spouse, child, or parent who has a serious health condition
- My own serious health condition prohibits me from performing the essential functions of my job.
**You may be subject to a fitness-for-duty physical (to assess your ability to perform the essential functions of your job) before being allowed to return to work.*
- To care for a Service Member or Veteran who has been injured in the line of duty
- To manage affairs for a service member on active duty

If not taking leave for yourself, please put name, relationship, and reason for care for that person below:

If leave is for you briefly describe why leave is needed:

HEALTH CARE PROVIDER'S CERTIFICATION

- I have completed and attached the certification I will provide the certification within 15 calendar days

LENGTH OF LEAVE REQUESTED

Select the type and length of FMLA requested:

Start Date End Date

- Full-time leave Intermittent or reduced schedule leave

List specific dates, times, or schedules you are requesting

By signing below, I certify that the above information is complete to the best of my knowledge and agree to provide regular updates and additional paperwork as deemed necessary by law and my Employer's policies.

Employee signature: Date: