

HDC/SUPERVISOR CHECKLIST

Employee Name: \_\_\_\_\_

EID#: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Highlighted areas correspond to the ACTION that must be completed by the HDC or Supervisor.

ACTION		SHORT-TERM DISABILITY CLAIM	MATERNITY LEAVE CLAIM	PAID FAMILY LEAVE CLAIM	DATE COMPLETED
1.	Determine the employee's eligibility for non-paid medical leave, such as FMLA and CFRA. Notify employee as appropriate	YES	YES	YES	
2.	Coordinate with the employee on how they wish to use their accruals for their 7-day waiting period. For your records, have the employee document their usage in writing	YES	YES	YES	
3.	Complete the Department Disability Notice online	YES	YES	YES	
4.	For your records, make a copy of the employee's last timecard prior to their leave. Make sure their current sick leave and vacation leave is included	YES	YES	YES	
5.	If the employee decides to top-off their pay, calculate the amount that will need to be taken from their accruals to bring them up to 100%	YES	YES	YES	
6.	Track the employee's work status and ask the employee for updated reports as necessary. Provide a copy of the work status report to the Return to Work Coordinator	YES	YES, if the employee is off work for a complication (follow Short-Term Disability leave process)	NO	
7.	Confirm with the employee if they plan to go out for baby bonding after their maternity leave has been completed	NO	NO	YES	
8.	Complete a Return to Work Notice and send to the Disability Department once the employee returns to work	YES	YES	YES	