Prince George's County Government FML/FMLA Coordinator Eligibility Verification Form

This must accompany the Applicant's FML Request Form and both should be submitted to OHRM at FMLA@co.pg.md.us

FML Eligibility Thresholds

Applicant is eligible for FML benefits (check all that apply and attach supporting Kronos documentation)

☐ Applicant has been employed by the County for at least a total of 12 months within the last seven years preceding the requested FML start date.

☐ Applicant is eligible to accrue annual leave

☐ Applicant was in a paid status 1,040 hours in the preceding 12 months prior to the requested FML start date.

☐ Applicant has not used 15 workweeks of FML benefits for the current rolling period.

FMLA Eligibility Thresholds

Applicant is eligible for FMLA benefits (check all that apply and attach supporting Kronos documentation)

☐ Applicant has been employed by the County for at least a total of 12 months within the last seven years preceding the requested FMLA start date.

☐ Applicant actually worked 1,250 hours in the preceding 12 months prior to the requested FMLA start date.

☐ Applicant has not used 12 workweeks of FMLA benefits for the current rolling period.

Does the Agency have concerns with the applicant satisfactorily performing and/or resuming essential job functions after using/exhausting approved FML benefits each year?   ☐ Yes   ☐ No

Does the Agency have concerns that the applicant's actual leave usage patterns may constitute abuse? For example, applicant always take intermittent leave around weekends and/or holidays. ☐ Yes   ☐ No

If the answer is yes for either of these questions, the Agency's written plan of action must be provided to OHRM prior to an FML Approval Memo being issued.

FML Coordinator Certification

I certify that the information provided in this document is true and accurate and that I have verified that the applicant has met all eligibility requirements for their requested family and/or medical leave.

_____   _____

FML Coordinator Signature   *Date*