February 28, 2002

TO: Lt. Governor, Secretary, Undersecretary, Assistant Secretaries, Deputy Assistant Secretaries, Program Managers

FROM: Mary F. Ginn
Human Resources Director

SUBJECT: Survey of Employees on FMLA Since March 19, 2001 and Information on Entering FMLA Leave into ISIS HR System

This is to clarify how employees on FMLA leave must be set up in the ISIS HR system. The Human Resources Office must first set up the employee’s FMLA entitlement in the system before timekeepers enter any time used. Timekeepers must enter two different codes for each day/hour of FMLA leave used. One code tracks the 12-week entitlement and the other code tracks the type of leave used (FMLA sick, annual or lwop). When properly set up and maintained, the system will track how much FMLA time has been used and is remaining for each employee.

To assure that we have accurate records on all employees who have used FMLA leave since March 2001, please complete the attached survey and forward it to the Human Resources Office immediately. The survey is to obtain the names and FMLA start dates of all employees who were using FMLA leave on March 19, 2001 or began using it after that date.

Once these employees are identified and set up in the ISIS HR system, Janice Donahue will contact timekeepers with further instructions. This will involve prior pay period adjustments to accurately record prior time used and adjust the FMLA clocks.

The following steps will assure proper FMLA tracking:
1. Send completed FMLA documents to the HR Director for review.
2. HR Director notifies Janice Donahue of employee name and first use date.
3. Janice Donahue sets employee up in ISIS HR and notifies timekeeper.
4. Timekeeper enters time ONLY after receiving notification from Janice Donahue.
5. Timekeepers enter two codes for each day of FMLA as discussed above.

Attachment
Office of the Lieutenant Governor
Department of Culture, Recreation and Tourism

SURVEY
OF
EMPLOYEES ON FMLA LEAVE

(Please Print)

EMPLOYEE________________________________________________________

SOCIAL SECURITY #______________________________________________

DEPARTMENT/SECTION___________________________________________

FIRST DATE OF USE____________________________________________

REASON _____ SELF

_____ FAMILY

CERTIFIED BY:

____________________________________________________________

Supervisor __________________________ Date ___________________________