

REGIONAL ATTENDANCE PLAN CHECKLIST

MEMBER'S NAME _____ TODAY'S DATE _____

MANAGEMENT IN ATTENDANCE _____

UNION REP(S) IN ATTENDANCE _____

DATE PLACED ON MOST RECENT STEP* _____

(*Should member be removed from prior step(s) due to FMLA 1250 hour settlement?)_

TARGET DATE FOR REMOVAL FROM CURRENT STEP _____

STEP BEING PLACED ON TODAY _____

DUE TO ABSENCE(S) ON DATE(S) _____

AND/OR TARDY(S) ON DATE(S) _____

DID MEMBER APPLY FOR FMLA?

• NO. WHY NOT? _____

• YES. WHY DENIED? (CIRCLE ONE)

<1250 WORK HOURS. # WORK HRS. PER COMPANY _____

<1 YR SVC WITH COMPANY. NCS DATE _____

EXHAUSTED FMLA FOR CALENDAR YEAR(12 WEEKS)

NOT CONSIDERED A "SERIOUS HEALTH CONDITION"

CERTIFICATION FORM NOT RECEIVED BY DEADLINE

WHEN WAS IT DUE? _____

WHEN WAS IT SENT? _____

DOES MEMBER HAVE FAX CONFIRMATION? _____ (GET COPY)

OTHER (EXPLAIN) _____

DID MEMBER APPEAL FMLA DENIAL? _____

• NO. WHY NOT? _____

• YES. WHAT WAS RESULT OF APPEAL? (CIRCLE ONE)

DENIAL WAS OVERTURNED AND FMLA WAS APPROVED.

APPEAL WAS DENIED. WHY? _____

NO DECISION ON APPEAL YET _____

DATE OF ARC EMAIL ADVISING APPEAL NOT FILED, OR APPEAL DENIED

(GET COPY IF POSSIBLE) _____

DOES MEMBER HAVE A CHRONIC CERTIFICATION TO COVER THE CONDITION

WHICH CAUSED THE ABSENCE(S) OR TARDY(S)? _____ IF YES, CHRONIC

CERTIFICATION APPROVED FROM _____ TO _____ (DATES)

WAS BILL SONNIK(CWA HEALTH CARE BENEFITS COORDINATOR)INVOLVED?

IF YES, WHAT WAS HIS ADVICE? (USE BACK IF NECESSARY). _____