



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Rick Scott, Governor

Christina K. Daly, Secretary

FMLA/ADA Check List*

When submitting a **request for termination based on Inability to Perform**, please check mark and answer the following questions:

Name of Employee: _____ **Date:** _____

- 1. What is the DATE the employee exhausted his/her FMLA entitlement?
DATE: _____

- 2. What is the POSITION HELD and the NAME OF THE FACILITY for the Employee?
POSITION HELD: _____
NAME OF FACILITY: _____

- 3. What are the NUMBER OF VACANCIES at that facility/unit?

- 4. Does the employee have TIME ON THE BOOKS to receive his/her own paid leave?

- 5. Would the EXTENDED ABSENCE from work after the FMLA entitlement be an Undue Hardship on the facility given your vacancies and the operation of your facility?

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<http://www.djj.state.fl.us>

The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.

6. Have you referred the employee to PEOPLE FIRST to inquire as to other open job positions available for which the employee may minimally qualify given his/her medical condition? If found, WHAT IS THE POSITION?

POSITION FOUND: _____

7. What is the MEDICAL CONDITION of the employee that is preventing him/her from working?

8. What is the ANTICIPATED DATE of full recovery of the employee?

DATE: _____

9. Has the employee requested an ACCOMMODATION? If so, what is being requested?

Keep in mind you do not have to create a position which does not exist.

Liaison Signature

*** This form, completed and the supporting documentation, MUST be sent with the Disciplinary Request Package for Inability to Perform.**