

Monthly Intermittent Leave Tracking Form

Human Resources

Monthly paid employees on approved intermittent leave of absence should continue to report sick/vacation time on the electronic time card for each monthly pay period. In addition to the normal time reporting process, employees on intermittent LOA should also submit this form to report the amount of intermittent LOA taken in that pay period. Time recorded on this form should be for missed work hours due to the medically certified LOA reason only. HR will allocate this time as approved paid leave after both the employee and the manager have approved the time card.

| | |
|----------------------|--|
| Employee Name | |
| Department | |
| Month/Payroll Period | |

- ... No adjustments for previous month; projection was accurate
- ... Adjustments needed for previous month as indicated below:

| Date | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------|----|----|----|----|----|----|----|----|----|----|----|----|
| FMLA Hours | | | | | | | | | | | | |

Please record the amount of FMLA leave taken each day in 15 minute increments (i.e. .25, .5, .75).

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|
| FMLA Hours | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | Projected FMLA; to be confirmed next month | Monthly Total |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|---------------|
| Date | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |

I certify that the hours entered above were taken for my approved FMLA reason.

Employee Signature

Date

Confirmed:

Supervisor Signature

Date