

| Employee Name:  | Employee UID:    |  |  |  |  |  |  |
|---|------------------|--|--|--|--|--|--|
| Department:   | Supervisor Name: |  |  |  |  |  |  |
| FMLA Time Approved Beginning:   |                  |  |  |  |  |  |  |
| Intermittent Family Medical Leave Tracking  |                  |  |  |  |  |  |  |
| Use this worksheet to assist you in tracking both exempt and non-exempt employees' intermittent usage of FMLA intermittent leave. |                  |  |  |  |  |  |  |

Under FMLA, an employee is eligible for up to twelve work weeks (480 hours) from the first date of approved

FMLA leave. Definitions:

Date Enter the date for which FMLA is being applied

Start Time Enter the time the employee would generally start a shift
End Time Enter the time the employee would generally end a shift

Hours Enter total time employee is out for each day

Call-in
Indicate if the employee notified you by calling in on the day they wanted to use the time

• Scheduled Indicate if the employee scheduled this time off in advance

• Comment Note any relevant information

## -Select One-

| Date | Start Time | End Time | Hours | Call-in | Scheduled | Notes |
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| Date | Start Time | End Time | Hours | Call-in | Scheduled | Notes |
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