



**FMLA Intermittent Leave Tracking Form**

Record of hours used for approved FMLA leave purposes. A FMLA Intermittent Leave Tracking Form must be submitted to the Human Resources, Benefits Office at the end of each pay period, regardless of whether FMLA time was taken

*The completed form must be submitted to the Benefits Office within 5 days of the end of the pay period.*

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

FMLA approval: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Report for Payroll Period: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate the number of hours of FMLA leave taken each day.

Month: \_\_\_\_\_ Total FMLA hours this pay period: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

*I hereby certify that all hours set forth on this form were taken for an approved FMLA reason. I understand that knowingly providing a statement that contains any false, incomplete or misleading information may result in corrective employment action, up to and including termination of employment.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Return completed tracking form via courier, U.S. Mail, or fax to:

Harford County Public Schools - Human Resources, Benefits Office  
 102 S. Hickory Avenue  
 Bel Air, Maryland 21014  
 FAX: 410-588-5316

**Section below to be completed by the Benefits Office**

FMLA Benefit Year: From \_\_\_\_\_ to \_\_\_\_\_

Total FMLA hours used this pay period: \_\_\_\_\_

Total FMLA hours used this benefit year: \_\_\_\_\_

Total hours remaining: \_\_\_\_\_

Copy to Payroll: \_\_\_\_\_

Completed by: \_\_\_\_\_