



HARFORD COUNTY PUBLIC SCHOOLS

Human Resources – Benefits Office
102 S. Hickory Avenue ♦ Bel Air, Maryland 21014
410-588-5275 ~ FAX: 410-588-5316

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

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 is 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	31

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, MD 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: _____