

FMLA Intermittent Leave Tracking Form

Employee's 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 faxed or emailed to your HR Leave Specialist within 3 calendar days of the end of the pay period.

Employee Name: _____ Employee ID #: _____

Position: _____ Location: _____

FMLA Approval Period: Start Date: ____/____/____ End Date: ____/____/____

Report for Payroll Period: Start Date: ____/____/____ End Date: ____/____/____

Please indicate the number of hours of FMLA leave taken each day in the corresponding date box below.

Enter hours below in .25 increments or whole numbers only. Example: 7.5 or 3.75 (hours).

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 a corrective employment action, up to and including termination of employment.

Employee Signature

Date

Return completed tracking form via email or fax to:

Harford County Public Schools - Human Resources, Benefits Office
FAX: 410-809-6252

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: _____