

FMLA Intermittent Leave Tracking Form

This FMLA leave tracking form must be submitted to the HR Benefits Department by the 10th of each month while an employee is on an approved Family and Medical Leave. This will assist the HR Benefits Department with tracking the number of days/hours that an employee has used for an approved FMLA intermittent leave.

Employee Name: _____ AISD ID Number: _____ Campus/Location _____

Leave Start Date: _____ Estimated Leave End Date: _____

Please indicate amount of FMLA leave taken each day (in one hour increments). **ONLY FMLA TIME SHOULD BE RECORDED ON THIS FORM.**

Month	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	Hours Used				
JAN																																				
FEB																																				
MAR																																				
APR																																				
MAY																																				
JUN																																				
JUL																																				
AUG																																				
SEPT																																				
OCT																																				
NOV																																				
DEC																																				

Total FMLA days/hours Used: _____ Remaining days/hours: _____

I hereby certify that all hours recorded on this form were related to an approved FMLA Intermittent Leave. I understand that it is my responsibility to furnish the HR Benefits Department with certification for absences related to my serious health condition or my family member's serious health condition every thirty days.

Employee Signature

Date

Principal/Supervisor Signature

Date