

## FMLA Intermittent Leave Tracking Form

This FMLA leave tracking form must be submitted to the HR Benefits Department by the 10<sup>th</sup> 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.**

<b>Month</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
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**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.**

<b>Employee Signature</b>	<b>Date</b>	<b>Principal/Supervisor Signature</b>	<b>Date</b>