



**Intermittent Leave of Absence Time Tracking Report for Manager**

<b>Employee's Name:</b>	<b>Employee ID:</b>	
<p>You are responsible for reporting the time your employee is absent from work on approved intermittent leave. Please follow these steps to ensure time is accurately allocated as Family Medical Leave.</p> <ol style="list-style-type: none"> <li>1. Make a copy of this form for use in reporting time-off.</li> <li>2. Enter the date, number of hours, and leave reason.</li> <li>3. Please indicate "Relationship to Employee" if the approved leave is for a family member</li> <li>4. Sign and date the form.</li> <li>5. Fax the completed form to <a href="tel:866-931-5095">866-931-5095</a> weekly</li> <li>6. Forms that do not have a signature will not be accepted.</li> </ol>		
<b>Manager's signature:</b>	<b>Date:</b>	<b>Phone number:</b>

Date	Hours Used	Leave Reason	Relationship To Employee
<b>Sample</b> 05/10/08	4.0 Hours	Dr. appointment	Son - John

**Time Reporting Key: .25 = 15 min    .50 = 30 min    .75 = 45 min**

**Please fax all completed and signed forms to 1-866-931-5095**