



Intermittent Leave of Absence Time Tracking Report for Manager

Employee's Name:		Employee ID:
<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">1. Make a copy of this form for use in reporting time-off.2. Enter the date, number of hours, and leave reason.3. Please indicate "Relationship to Employee" if the approved leave is for a family member4. Sign and date the form.5. Fax the completed form to 866-931-5095 weekly6. Forms that do not have a signature will not be accepted.		
Manager's signature:	Date:	Phone number:

Date	Hours Used	Leave Reason	Relationship To Employee
Sample 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