Human Resources Division

FMLA INTERMITTENT LEAVE TRACKING FORM

Record hours used for approved FMLA leave purposes
An FMLA Intermittent Leave Tracking Form <u>must</u> be submitted to the Human Resources Department at the end of each pay period, regardless of whether FMLA time was taken

Employee Name: _____

Employee Identification No.: _____

Department: _____

Report is for Payroll Period Beginning: _____/_____/_____ and Ending: _____/_____/_____

Please indicate amount of FMLA leave taken each day (in increments of 15 minutes.)

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**

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

_____
Employee Signature
Date: _____

Confirmed:

_____
Supervisor Signature
Date: _____

Return Completed Tracking Form by Campus Mail, US Mail, or Fax to:	Human Resources Department 420 Wakara Way, Suite 105 Salt Lake City, UT 84108 Fax: 585-7375