



FMLA INTERMITTENT LEAVE TRACKING FORM

*Record hours used for approved FMLA leave purposes
An FMLA Intermittent Leave Tracking Form must 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: (801) 581-6466
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