

Family and Medical Leave (FMLA) Time Report

Human Resources

Note: This form should be faxed to Human Resources at **387-3441** on a biweekly basis, on Monday following the end of the pay period. Do **not** send this form to Payroll. Please print or type.

Employee:				Employee Social Security Number:		
Day	Date	Number of Hours Worked	Number of FMLA Hours Used	If the employee elected to use annual leave while on FMLA, please indicate the number of AL hours used each day.	If the employee elected to use sick leave while on FMLA, please indicate the number of SL hours used each day.	Should the employee enter a non-paid status, please indicate.
Monday	/ /					<input type="checkbox"/> Non-Paid
Tuesday	/ /					<input type="checkbox"/> Non-Paid
Wednesday	/ /					<input type="checkbox"/> Non-Paid
Thursday	/ /					<input type="checkbox"/> Non-Paid
Friday	/ /					<input type="checkbox"/> Non-Paid
Saturday	/ /					<input type="checkbox"/> Non-Paid
Sunday	/ /					<input type="checkbox"/> Non-Paid
Monday	/ /					<input type="checkbox"/> Non-Paid
Tuesday	/ /					<input type="checkbox"/> Non-Paid
Wednesday	/ /					<input type="checkbox"/> Non-Paid
Thursday	/ /					<input type="checkbox"/> Non-Paid
Friday	/ /					<input type="checkbox"/> Non-Paid
Saturday	/ /					<input type="checkbox"/> Non-Paid
Sunday	/ /					<input type="checkbox"/> Non-Paid

This time report is an accurate record of hours worked and hours approved for absence under the Family and Medical Leave Act of 1993.

Signature of Supervisor

Date

Signature of Employee (if in attendance)

Date