



FMLA LEAVE TRACKING FORM

This FMLA leave tracking form must be submitted to Human Resources at the end of each pay period while an employee is on an approved Family and Medical Leave. This will assist Human Resources in tracking the number of hours that an employee has used for an approved Family and Medical Leave.

Employee Name: _____

CWID Number: _____

Please indicate amount of FMLA leave taken each day (in increments of hours & quarter-hours). For example, for 3 hours and 15 minutes, enter 3.25. Enter the year; change the starting month with the drop-down box. Hours Used will total automatically. **ONLY FMLA TIME SHOULD BE RECORDED ON THIS FORM.**

Year	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	Hours Used
	JAN																																
	FEB																																
	MAR																																
	APR																																
	MAY																																
	JUN																																
	JUL																																
	AUG																																
	SEP																																
	OCT																																
	NOV																																
	DEC																																

Total Eligible FMLA Hours available (FTE x 480 hours): 0

Remaining Hours: 0

Total Hours used: 0

I hereby certify that all hours recorded on this form were related to an approved Family and Medical Leave. I understand that it is my responsibility to furnish Human Resources with certification for absences related to my serious health condition every thirty days.

Employee Signature

Date

Supervisor Signature

Date