Family Medical Leave Of Absence
Tracking Form

Name:________________ Date FMLA Approved:______________

Under the FMLA, you are entitled to take up to 12 weeks or _____hours of unpaid in a 12 month rolling period depending on your FTE. You currently fill a ______FTE and are allotted _________hours per year. Also, you are required to actually work at least 1250 hours per year to keep your Family Medical Leave.

If circumstances of your leave change, you must notify your manager in writing. You may be required to submit new medical documentation every 30 days.

The table below shows a running month to month total utilization of your FMLA hours and balance from the date your FMLA was granted.

| DATES OF FML DAYS USED EACH MONTH | NUMBER OF FML HOURS USED | NUMBER OF HOURS ACCRUED FROM PREVIOUS YEAR | NUMBER OF FML HOURS REMAINING | NUMBER OF HOURS WORKED | | DATE REVIEWED WITH EMPLOYEE | SIGNATURE OF EMPLOYEE | SIGNATURE OF MANAGER OR ASSISTANT |
|---|---|---|---|---|---|---|---|---|
| | | | | Month | Year | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |