

CHICAGO STATE UNIVERSITY

Employee Name: _____ Department: _____

Supervisor Name: _____

FML Time approved: From: _____ To: _____

Intermittent Family Medical Leave Tracking

Use this worksheet to assist you in tracking both exempt and non-exempt employees' intermittent usage of Family & Medical Leave (FML) .

Under FML, an employee is eligible for up to twelve workweeks (for example, 480 hours at 100% time or 240 hours at 50% time) in a calendar year period provided that the employee has:

- At least 12 months cumulative University service
- Worked at least 1250 hours in the 12 months immediately preceding the commencement of the leave.
- Not utilized his/her 12 weeks within the current calendar year.

Definitions

• Date	Enter the date for which FML is being applied
• Start Time	Enter the time the employee leaves work. If employee is out for the entire day, enter start time of employee's shift.
• End Time	Enter the time the employee returns to work. If employee is out for remainder of the day, enter end time of the employee's shift.
• Hours	Enter total time employee is out for each day.
• Call-in	Indicate if the employee notified you by calling on the day they wanted to use the time.
• Scheduled	Indicate if the employee scheduled this time off in advance.
• Comment	Note any relevant information.

Date	Start Time	End Time	Hours	Call-In	Scheduled	Comments
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____

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_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____
_____	_____	_____	_____			_____