CHICAGO STATE UNIVERSITY

Employee Name: _____ Employee UID: _____

Department: _____ Supervisor Name: _____

FMLA Time Approved Beginning: _____

Intermittent Family Medical Leave Tracking

Use this worksheet to assist you in tracking both exempt and non-exempt employees' intermittent usage of FMLA intermittent leave.

Under FMLA, an employee is eligible for up to twelve work weeks (480 hours) from the first date of approved FMLA leave.

Definitions:

- Date — Enter the date for which FMLA is being applied
- Start Time — Enter the time the employee would generally start a shift
- End Time — Enter the time the employee would generally end a shift
- Hours — Enter total time employee is out for each day
- Call-in — Indicate if the employee notified you by calling in 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

				-Select One-		
Date	**Start Time**	**End Time**	**Hours**	**Call-in**	**Scheduled**	**Notes**

Date	Start Time	End Time	Hours	Call-in	Scheduled	Notes