



FMLA/OFLA ATTENDANCE RECORD FOR THE MONTHS OF:

&

NAME:

V#:

Department:

This form must be returned to the Human Resources Office on the 1st working day of each month. Continue to submit your regular monthly time sheet or leave report for payroll purposes.

Instructions:

- Record the number of hours you were scheduled to work, but did not work, each day while on FMLA/OFLA approved leave.
Do not record hours you were not scheduled to work while on FMLA/OFLA approved leave.
If you are on intermittent leave you must submit this form even if "0" hours were taken in the month.
Please circle all hours taken associated with an on-the-job injury or condition for which you have filed a worker's compensation claim.
Please attach a copy of your regular monthly time sheet or leave report.

Normal Scheduled Days Off: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

FMLA/OFLA HOURS TAKEN:

Table with 31 columns for days of the month and 16 columns for days of the week, plus a Total column.

Signature of Employee

Date

Supervisor

Date

Note to Supervisor: If you change the hours reported by the employee, please have your employee initial below in agreement to the change.

Employee Initials

Date