

FMLA/OFLA Faculty Attendance Record

Section 1: General Information

Name: _____ V#: _____ Department: _____ Academic Year: _____
 Applicable Term: Summer Fall Winter Spring

Section 2: Normal Schedule

Instructions: (1) In the boxes below, provide the average number of hours worked each day of the week for the applicable term.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Section 3: Leave Hours Taken

Instructions: (1) Label the months in accordance with the date of the applicable term (2) For each day, list the number of hours of leave you took in accordance with your approved leave for FMLA/OFLA (3) Circle any hours that are associated with an on-the-job injury or a condition for which you have filed a worker's compensation claim.

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	

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	

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	

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	

Section 4: Signatures

Employee Signature

Date

Supervisor Signature

Date

*Note to Supervisor: If you change the hours reported by the employee, please have your employee initial here _____ in agreement to the changes.
 (Employee Initials)

Section 5: Submission

Instructions: (1) Submit the original version of this form to the Human Resources Office by the first working day of the month following the end of the applicable term (2) Attach a copy of this form to your Faculty Leave Report.