

# FMLA/OFLA ATTENDANCE RECORD

Return to Human Resource Services by the 10<sup>th</sup> of each month.

NAME: \_\_\_\_\_ EMPLOYEE ID: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

**Instructions:** Indicate the number of hours you are off each day while on FMLA/OFLA leave.  
**Include** hours off for the entire month. *Please do not submit this form with midmonth to midmonth hours.*  
**Include** holidays as FMLA/OFLA leave if you are off on a continuous basis.  
**Do not include** days you are not expected to work (i.e., unpaid winter, spring, summer breaks).

**Intermittent leave:** You must submit this form even if "0" hours were taken. Enter a zero in the 'total' box for the appropriate month.

**Time Sheet/Leave Reporting:** Continue to submit your regular time sheet or leave report for payroll purposes.

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Jan																																
Feb																																
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																

Are any of these hours off work associated with an injury or condition for which you have filed a **workers compensation** claim? Please check the appropriate box.

- Yes, **all** of the hours indicated above are due to my on-the-job injury or condition.
- Yes, **some** of the hours indicated above are due to my on-the-job injury or condition. (**Please circle only the hours associated with an on-the-job injury.**)
- No, **none** of the hours indicated above are due to my on-the-job injury or condition.

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 change.

Initials \_\_\_\_\_ Date: \_\_\_\_\_