



LEAVE TRACKING FORM

Intermittent FMLA
 Parental
(Check both boxes, if applicable)

Record hours used for approved FMLA and/or Parental Leave purposes. A *Leave Tracking Form* must be submitted to the Human Resources Department at the end of each pay period, regardless of whether FMLA time was taken.

Employee Name: _____

Employee Identification No.: _____

Department: _____

Report is for Payroll Period Beginning: ____/____/____ and Ending: ____/____/____

Employees, please indicate amount of leave taken each day in increments of 15 minutes (e.g. 2.25, 4.75). Supervisors, please indicate costs (to nearest dollar), if any, to replace the employee while on leave (e.g. Staffing Agency, PRN).

| | | | | | | | | | | | | | | | |
|--------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| | | | | | | | | | | | | | | | |
| Replacement Costs | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | | | | | | | | | | | | | | |
| Replacement Costs | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

I hereby certify that all hours set forth on this form were taken for an approved leave. I understand that knowingly providing a statement that contains any false, incomplete or misleading information may result in corrective employment action, up to and including termination of employment.

Employee Signature

Date

Confirmed:

Supervisor Signature

Date

| | |
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| <p>Return Completed Tracking Form by Campus Mail, fax, or email to:</p> | <p>Human Resources Department 250 E 200 S, Suite 125 Salt Lake City, UT 84111 Fax: 801-585-7375 absencemanagement@utah.edu</p> |
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