



FAMILY AND MEDICAL LEAVE UTILIZATION FORM

Use this form to track intermittent leave time.

FOR DEPARTMENT USE ONLY

* Please fill in all information marked with an asterisk

* Name:

* Employee ID#:

* Month:

* Year:

* Please Enter # of Hours Per Day / Reason Codes

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1:	/	/	/	/	/	/	/
Week 2:	/	/	/	/	/	/	/
Week 3:	/	/	/	/	/	/	/
Week 4:	/	/	/	/	/	/	/
Week 5:	/	/	/	/	/	/	/

Total FMLA Utilization Hours For The Month:

* Department Name:

* Authorizing Signature:

Reason Codes for Departmental Use:

- 1. Illness, Self
- 2. Illness, Spouse

- 3. Illness, Child
- 4. Illness, Parent

- 5. Birth, Adoption or Foster Placement