

FACULTY AND EXEMPT STAFF RECORD OF FMLA LEAVE

Employee: Complete Sections 1 and 2, then sign and route the form for approval (Section 3).

Use this form to document FMLA usage. Forward to the appropriate Human Resources department for processing.

Section 1. COMPLETED BY EMPLOYEE (Consult with Business Office or Human Resources if information is not known.)

A. Name: _____	D. PUID: _____
B. Org Unit Name: _____	E. CUL (FTE): _____
C. Org Unit #: _____	F: Work Week¹: _____ <small>Day Day AM/PM AM/PM</small>

Leave	From (Start Date) (MM/DD/YY)	To (End Date) (MM/DD/YY)	Leave Type (See list below)	Pay Usage (See list below)	Leave Pay (%)	FMLA (See list below)	(FMLA Usage) Record in Weeks, Days, or Hours Taken.
1							
2							
3							
4							
5							

Additional dates included on attached spreadsheet or additional HRS Form 33FMLA

- LEAVE TYPE**

 - A** Adoption
 - BT** Bonding Time
 - FI** Family Illness
 - I** Illness; Including
Childbirth
 - P** Placement of Foster
Child
 - WC** Worker's Comp

- PAY USAGE**

 - PB** Personal Business Day
 - PH** Personal Holiday
 - SL** Sick Leave
 - SLF** Sick Leave – Family
 - UH** University Holiday
 - UPL** Unpaid Personal Leave
 - V** Vacation

- FMLA**

 - C** Continuous Leave
 - INT** Intermittent Leave
 - RS** Reduced Schedule
Leave

F. Source of Salary Funding While on Leave:

Cost Center/Fund

Percent

Cost Center/Fund

Percent

Section 2. ADDITIONAL COMMENTS (Optional)

Section 3. SIGNATURES

Employee Signature	Date	Supervisor Signature	Date
Business Office Signature	Date	Human Resources Signature	Date

HUMAN RESOURCES USE ONLY	Total FMLA Usage for this Leave

¹ List range of days and hours scheduled to work; e.g.: Monday – Friday 8 a.m. to 5 p.m.