

RECORD OF FMLA LEAVE FOR MONTHLY-PAID EMPLOYEES

Employee: Use this form to document FMLA usage. Complete Sections 1 and 2, sign and route the form for approval signatures (Section 3). **NOTE:** This approved form must be received by the Business Office/Time Administrator on a weekly basis or as the FMLA time is used.

Business Office/Time Administrator: Enter FMLA time used into CATS as soon as form is received & forward to HRSC/FREH or regional campus HR for processing.

Section 1. COMPLETED BY EMPLOYEE (Consult with Business Office or HRSC, (765) 494-2222, if information is not known.)	
A. Name: _____ B. Org Unit Name: _____ C. Org Unit Number: _____	D. PERNR: _____ E. CUL: _____

FMLA Leave	From (Start Date) (MM/DD/YY)	To (End Date) (MM/DD/YY)	Pay Usage (See list below)	Leave Pay (100% or 75%)	FMLA C Continuous Leave INT Intermittent Leave-Recorded in hours per day-each day separate line. RS Reduced Schedule Leave	FMLA Usage Record Hours Taken ↓
Line 1						
Line 2						
Line 3						
Line 4						
Line 5						

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

<p><u>PAY USAGE</u></p> <p>FMH FMLA Using Paid Holiday FMPB FMLA Using Personal Business Day FMSE FMLA Using Sick Leave—Employee FMSF FMLA Using Sick Leave – Family</p>	<p>FMV FMLA Using Vacation FMPL FMLA Using Paid Parental Leave FMUP FMLA Unpaid Leave</p>
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Section 2. ADDITIONAL COMMENTS (Optional)

Section 3. SIGNATURES			
Employee Signature _____	Date _____	Supervisor Signature _____	Date _____
Business Office Signature _____		Date _____	

BUSINESS OFFICE/HUMAN RESOURCES USE ONLY

This form due to the Business Office/Time Administrator on a weekly basis or as the FMLA time is used.