

## 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.

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

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 <b>C</b> Continuous Leave <b>INT</b> Intermittent Leave-Recorded in hours per day-each day separate line. <b>RS</b> 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><b><u>PAY USAGE</u></b>  <b>FMH</b> FMLA Using Paid Holiday  <b>FMPB</b> FMLA Using Personal Business Day  <b>FMSE</b> FMLA Using Sick Leave—Employee  <b>FMSF</b> FMLA Using Sick Leave – Family</p>	<p><b>FMV</b> FMLA Using Vacation  <b>FMPL</b> FMLA Using Paid Parental Leave  <b>FMUP</b> FMLA Unpaid Leave</p>
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<b>Section 2. ADDITIONAL COMMENTS (Optional)</b>

<b>Section 3. SIGNATURES</b>			
Employee Signature	Date	Supervisor Signature	Date
Business Office Signature	Date		

<b>BUSINESS OFFICE/HUMAN RESOURCES USE ONLY</b>

**This form due to the Business Office/Time Administrator on a weekly basis or as the FMLA time is used.**  
 Original retained in employee's confidential FMLA leave file.