FMLA LEAVE TRACKING FORM

This FMLA leave tracking form must be submitted to Human Resources at the end of each pay period while an employee is on an approved Family and Medical Leave. This will assist Human Resources in tracking the number of hours that an employee has used for an approved Family and Medical Leave.

Employee Name: _____ Baylor ID Number: _____ Employee FTE: _____

Please indicate amount of FMLA leave taken each day (in increments of hours & quarter-hours). For example, for 3 hours and 15 minutes, enter 3.25. Enter the year; change the starting month with the drop-down box. Hours Used will total automatically. **ONLY FMLA TIME SHOULD BE RECORDED ON THIS FORM.**

Year	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Hours Used
	JAN																																0
	FEB																																0
	MAR																																0
	APR																																0
	MAY																																0
	JUN																																0
	JUL																																0
	AUG																																0
	SEP																																0
	OCT																																0
	NOV																																0
	DEC																																0

Total Eligible FMLA Hours available (FTE x 480 hours): 0 Remaining Hours: 0 Total Hours used: 0

I hereby certify that all hours recorded on this form were related to an approved Family and Medical Leave. I understand that it is my responsibility to furnish Human Resources with certification for absences related to my serious health condition every thirty days.

_____ _____ _____ _____

Employee Signature Date Supervisor Signature Date

Return to Human Resources (Robinson Tower, Suite 200) - Email: askHR@baylor.edu, Fax: 254-710-3819, or Mail: One Bear Place #97053