



## FMLA Intermittent Leave Tracking Form

Record of hours used for approved FMLA leave purposes. An FMLA Intermittent Leave Tracking Form must be submitted to the Human Resources Office at the end of each pay period with monthly leave summaries attached, regardless of whether any FML time was taken by the employee.

***The completed form must be submitted to Human Resources by the 20<sup>th</sup> of each month.***

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Effective Dates of FMLA: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payroll Reporting Period: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Month: \_\_\_\_\_ Total FMLA hours used this pay period: \_\_\_\_\_

Please indicate below the number of hours FML leave was taken each day.

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

I hereby certify that all hours reported on this form were for an approved FMLA reason. I understand that knowingly providing a statement that contains any false, incomplete or misleading information may result in corrective employment action, up to and including termination of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Please mail or fax form to:

**Department of Human Resources  
Attn: HR Director/Representative  
1000 ASU Drive, 390  
Alcorn State, MS 39096-7500  
FAX: 601-877-6389  
(PLEASE DO NOT EMAIL FORM)**

Section below to be completed by Human Resources

FMLA Calendar Year: From \_\_\_\_\_ to \_\_\_\_\_ Total FMLA hours used this pay period: \_\_\_\_\_

Total FMLA hours used this calendar year: \_\_\_\_\_ Total hours remaining: \_\_\_\_\_

Completed by: \_\_\_\_\_