

CARNEGIE MELLON UNIVERSITY
Family Medical Leave Act (FMLA)
Tracking Form for Exempt Employees

Supervisors must complete this form so that an exempt employee's monthly salary can be accurately adjusted to account for any unpaid FMLA leave.

Employee Name: _____

Employee Identification Number: _____

Department: _____

Pay Period for Salary Adjustment: _____

Total Days/Hours taken as unpaid FMLA to be deducted from regular pay:

_____ days and _____ hours unpaid FMLA leave

Supervisor Signature Date

Unpaid FMLA leave *does not include* any FMLA leave taken concurrently with paid time off ("PTO") or short-term disability ("STD").