

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

Employees and supervisors should use this form to record the number of days or hours taken as intermittent leave under the FMLA. This form is not to be used for continuous leave under the FMLA. Submit the completed tracking form at the end of each pay period to Human Resources, Benefits Office, Attn: Jan Provenzano.

Employee Name: _____

Employee Identification Number: _____

Department: _____

Please indicate the amount of FMLA leave taken each day (in increments of 15 minutes), the reason for the leave, and any concurrent Paid Time Off (PTO) or Short-Term Disability (STD) leave. The number of hours taken as leave in a given day may not exceed the employee's regular work hours (e.g. typically 7.5 per day).

Payroll Period Beginning: ____ / ____ / ____ **and Ending:** ____ / ____ / ____

Date	Monday	Tuesday	Wednesday	Thursday	Friday
FMLA Hours					
FMLA Reason*					
Concurrent Leave					
Date	Monday	Tuesday	Wednesday	Thursday	Friday
FMLA Hours					
FMLA Reason*					
Concurrent Leave					

* Reason Codes:

1. Illness, self
2. Illness, spouse
3. Illness, parent
4. Illness, dependent child
5. Birth, adoption, or foster placement
6. Military family leave

Concurrent Leave:

- PTO – Paid Time Off
 STD – Short Term Disability
 UNP – None / Unpaid FMLA Leave

ATTACH A PHOTO COPY OF THE EMPLOYEE'S TIMESHEET TO THIS FORM

I hereby certify that all the hours set forth on this form were taken 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

Confirmed:

 Supervisor Signature

 Date

Return Completed Form to:
Jan Provenzano, Leaves Manager
Benefits Office, 319 S. Craig St.
janp@andrew.cmu.edu