

**This form is to be used to track employee FMLA qualifying absences.**

Last Name:										First Name:										Middle Name:									
UMID:								Department:												FMLA Benefit 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	Calendar Days* or Hours** Used	
Jan																																	
Feb																																	
Mar																																	
Apr																																	
May																																	
Jun																																	
Jul																																	
Aug																																	
Sep																																	
Oct																																	
Nov																																	
Dec																																	

**TOTAL:**

\*If using calendar days, there is a maximum of 84 calendar days (12 weeks x 7 days) of FMLA coverage. Tracking an FMLA absence with calendar days is **only** appropriate for continuous absences.

\*\*If using hours, the maximum duration of FMLA coverage is determined by multiplying twelve weeks by the employee's regularly-scheduled hours per week (for example, 12 weeks x 40 hours = 480 hours). Time is recorded by hours taken on a regularly scheduled work day. Hours can be used to track a continuous absence and is the preferred method for tracking the intermittent use of FMLA eligibility and reduced schedules.

If the employee transfers to another department prior to the end of the FMLA benefit year, a copy of this form should be forwarded to the new department.