

RECORD OF FMLA LEAVE FOR MONTHLY-PAID EMPLOYEES

Employee: Use this form to document FMLA usage. Complete Sections 1 and 2, sign and route the form for approval signatures (Section 3). **NOTE:** This approved form must be received by the Business Office/Time Administrator on a weekly basis or as the FMLA time is used.

Business Office/Time Administrator: Enter FMLA time used into CATS as soon as form is received & forward to HRSC/FREH or regional campus HR for processing.

Section 1. COMPLETED BY EMPLOYEE (Consult with Business Office or HRSC, (765) 494-2222, if information is not known.)

A. Name: _____

D. PERNR: _____

B. Org Unit

Name: _____

E. CUL: _____

C. Org Unit

Number: _____

FMLA Leave	From (Start Date) (MM/DD/YY)	To (End Date) (MM/DD/YY)	Pay Usage (See list below)	Leave Pay (100% or 75%)	FMLA C Continuous Leave INT Intermittent Leave-Recorded in hours per day-each day separate line. RS Reduced Schedule Leave	FMLA Usage Record Hours Taken ↓
Line 1						
Line 2						
Line 3						
Line 4						
Line 5						

☐ Additional dates included on attached spreadsheet or additional HR Form 33FMLA

PAY USAGE**FMH** FMLA Using Paid Holiday**FMPB** FMLA Using Personal Business Day**FMSE** FMLA Using Sick Leave—Employee**FMSF** FMLA Using Sick Leave – Family**FMV** FMLA Using Vacation**FMPL** FMLA Using Paid Parental Leave**FMUP** FMLA Unpaid Leave**Section 2. ADDITIONAL COMMENTS (Optional)****Section 3. SIGNATURES**

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Business Office Signature _____

Date _____

BUSINESS OFFICE/HUMAN RESOURCES USE ONLY

This form due to the Business Office/Time Administrator on a weekly basis or as the FMLA time is used.

Original retained in employee's confidential FMLA leave file.