

## Family and Medical Leave Act of 1993 (FMLA) Tracking Form

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

Employee Name \_\_\_\_\_

Emplid \_\_\_\_\_

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.