## Family Medical Leave Of Absence Tracking Form

Name:	ame: Date FMLA Approved:					
Under the FMLA, you are entitl 12 month rolling period depend allottedhours per rol work at least 1250 hours per yea	ing on your FTE. You currently ling 12 month period. Also, you	fill aFTE and are are required to actually				
If circumstances of your leave c may be required to submit new with an absence.						

The table below shows a running month to month total utilization of your FMLA hours and balance from the date your FMLA was granted.

DATES OF FML DAYS USED EACH MONTH	NUMBER OF FML HOURS USED	NUMBER OF HOURS ACCRUED FROM PREVIOUS	NUMBER OF FML HOURS REMAINING	NUMBER OF HOURS WORKED		DATE REVIEWED WITH EMPLOYEE	SIGNATURE OF EMPLOYEE	SIGNATURE OF MANAGER OR ASSISTANT
		YEAR		Month Year				