

**Employee Signature** 

## FMLA LEAVE TRACKING FORM

Leave.	This will	assi	st Hı	ımar	n Res	sour	ces i	n tra	ckin	g the							·	•						rove	d Far	nily	and	Med	ical L	_eave	e.		
Employee Name: Baylor ID Num												lumk	ber:											Employee FTE:									
	ease indicate amount of FMLA leave taken each day (in increments of hours & quarter-hours). For example, for 3 hours and 15 minutes, enter 3.25. Enter e year; change the starting month with the drop-down box. Hours Used will total automatically. ONLY FMLA TIME SHOULD BE RECORDED ON THIS FORM.																																
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	Hours Used
	-																																
Total	Total Eligible FMLA Hours available (FTE x 480 hours):														Remaining Hours:								<u>I</u>	Total Hours used:									
	oy certify n Resour																	•					e. I	und	ersta	and t	that	it is r	ny re	espo	nsibi	lity t	o furnish

Supervisor Signature

Date

Return to Human Resources (Robinson Tower, Suite 200) - Email: askHR@baylor.edu, Fax: 254-710-3819, or Mail: One Bear Place #97053

Date