



**Genesee Education Consultant Services, Inc.  
INTERMITTENT FMLA REPORT OF ABSENCE**

**\*Hours must also be shown on timesheet\***

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Date(s) & Hours Absent \_\_\_\_\_

Reason \_\_\_\_\_

Employee Signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_



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