

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.