

Family Medical Leave Act (FMLA) Tracking Sheet

IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM

This form is to be used to track employee hours in each calendar year for FMLA leave. This applies to all Indiana University appointed and hourly employees including Support Staff (SS, CL, NU, NA, PN, TE, RS), Service Staff (SM, GS, LE), Professional Staff (PAE, PAO, PAU) and Part-Time Employees (HP, HR, HS, WSU). Should the employee transfer to another department prior to the end of the calendar year, a copy of this form should be attached with other personnel documents for transfer to that department.

Employee Name: _____ Department: _____ University ID: _____

If applicable, name of other department(s) where employed at IU: _____ Year: _____

Continuous Leave Period (Start Date - End Date): _____

Intermittent Leave Period (Start Date - End Date): _____

Description (e.g. 3 hours/day 4 days/week for 4 weeks): _____

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 Taken		
January																																		
February																																		
March																																		
April																																		
May																																		
June																																		
July																																		
August																																		
September																																		
October																																		
November																																		
December																																		

TOTAL HOURS TAKEN (cannot exceed 480 hours/12 weeks (prorated by FTE)) = _____