

FAMILY & MEDICAL LEAVE (FML)
TRACKING FORM FOR REDUCED WORK SCHEDULE OR INTERMITTENT LEAVE

 Last Name First Name Middle Initial BGSU ID

 Street Address City State ZIP Code

 Department Supervisor

If you are taking intermittent FML, please use this form to record the FML hours you have taken for EACH pay period you are on FML. **This form is in addition to your weekly timesheet or monthly leave reporting form** and must be submitted to the Office of Human Resources at the end of each pay period.

Please indicate the hours taken each day. It is not necessary to indicate the type of leave (i.e. sick, leave without pay, vacation), only the number of hours taken.

Report is for Payroll Period Beginning _____ and Ending _____

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

It is the responsibility of the employee, not the supervisor, to ensure this form is completed in a timely manner.

 Employee Signature

 Supervisor Signature

Date _____

Date _____

Return Completed Tracking Form via Campus Mail or Fax to the Office of Human Resources at 419-372-2920.
If you have any questions regarding FML time, please contact the Office of Human Resources at 372-2112