



Bowling Green State University

Office of Human Resources

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

Employee Last Name First Name Middle Initial Employee 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 time (i.e.sick leave, LWOP, 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
By Campus Mail or Fax to:

Bowling Green State University
Human Resources, #100 College Park Bldg.
Bowling Green, OH 43403-0201
Fax: 419-372-2920

If you have any questions regarding FML time, please contact the Benefits Department at 372-8422
100 College Park 419-372-8421 Fax 419-372-2920
Bowling Green, Ohio 43403-0370 Email: ohr@bgnnet.bgsu.edu http://www.bgsu.edu/offices/ohr