

FMLA/OFLA ATTENDANCE RECORD (Return to Human Resources by the 10th of each month.)

NAME: _____ DEPARTMENT: _____

Instructions: Indicate the number of hours you are off each day while on FMLA/OFLA leave.
Include holidays as FMLA/OFLA leave if you are off on a continuous basis.
Do not include days you are not expected to work (i.e., unpaid winter, spring, summer breaks)
Do not include compensatory time.

Intermittent leave: You must submit this form even if "0" hours were taken. Enter a zero in the 'total' box for the appropriate month. You may find this form at: <http://hr.uoregon.edu/benefits/fmla/attend.pdf>.

Time Sheet/Leave Reporting: Continue to submit your regular time sheet or report leave for payroll purposes.

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Jan																																
Feb																																
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																

Are any of these hours off work associated with an injury or condition for which you have filed a **workers compensation** claim? (please check appropriate box)

- yes, **all** of the hours indicated above are due to my on-the-job injury or condition
- yes, **some** of the hours indicated above are due to my on-the-job injury or condition (**please circle only the hours associated with an on-the-job injury**)
- no, **none** of the hours indicated above are due to my on-the-job injury or condition

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Note to Supervisor: If you change the hours reported by the employee, please have your employee initial here in agreement to the change. Initials _____ Date: _____