

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 hours paid with 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 the 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: _____