



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

FAMILY MEDICAL LEAVE ACT (FMLA) TRACKING

(To be used for tracking Intermittent Leave or Reduced Work Schedule)

REVISION
Check box if revising an existing tracking form

Pay Period
(Example 13/10)

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Department	Last Name, First Name

An FMLA Tracking form **is useful** if:

- ◆ The employee works more than the set reduced schedule (i.e., employee is supposed to work only 20 hours per week, but works 25 instead)
- ◆ The employee has a range of hours for the reduced schedule (i.e., employee can work between 20 and 30 hours per week)
- ◆ The intermittent leave extends to four (4) or more full consecutive workdays. A Leave Request for STD and FMLA Packet must be submitted. *Refer to Checklist for Extended Leave*
- ◆ The employee is working a set reduced schedule (i.e., employee can work a set 20 or 30 hours per week)
- ◆ The employee is working less than the set reduced schedule

Pay Period Start Date
(Example 6/5/10)

- ◆ Input actual hours the employee is **off** each day during the pay period (**excluding regular days off**)
- ◆ Sub-total the hours for each week of the pay period
- ◆ Calculate the grand total of hours **off** for the entire pay period

WEEK 1	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Sub-Total
No. of Hours								

WEEK 2	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Sub-Total
No. of Hours								

Total

Employee Signature (if available)	Date
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Supervisor Signature	Title	Date
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Payroll Specialist Name (Print and Sign)	Mail Code	Telephone	Date
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This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

DISTRIBUTION: Original – Department

Office Use Only			
Reviewed By (Employee ID)	Date	Keyed By (Employee ID)	Date