



**County of San Bernardino**  
**FAMILY MEDICAL LEAVE ACT (FMLA) TRACKING**  
(To be used for Intermittent Leave or Reduced Work Schedule)

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The FMLA Tracking form is not required but is used for convenience by supervisors to track leave hours taken by an employee, under provisions of FMLA, on an intermittent basis or reduced work schedule. This is to ensure that the employee receives the full 12 weeks allowed in the rolling calendar year.

#### REFERENCES

Current County Memoranda of Understanding (MOU); Exempt Compensation Plan; Family Medical Leave Act (FMLA) of 1993

#### FORMS REQUIRED

[Family Medical Leave Act \(FMLA\) Tracking](#)

#### MANDATORY FIELDS

All

#### GENERAL INFORMATION

Intermittent leave is used when an employee declares a chronic illness that may cause the employee to have intermittent absences or a modified/reduced work schedule.

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

*Refer to department guidelines for individual procedures*

#### SUPERVISOR RESPONSIBILITIES

- ◆ Complete form by appropriately tracking absences for each pay period employee is on intermittent leave or reduced work schedule
- ◆ Educate employees on the proper procedure for reporting absences to the County and outside vendors as appropriate
- ◆ Retain copy for file for tracking purposes

#### DISTRIBUTION GUIDELINES

- ◆ For department use only, do not submit to EBSD

#### RELATED FORMS/PROCEDURES

[Checklist for Extended Leave](#)  
[Leave Request for Extended Sick and Special Leave](#)  
[STD and FMLA Filing a Request Instructions](#)