

**FMLA Usage Report
For Departmental Use Only**

**Entitlement Period Date FML begins (mm/dd/year) – Twelve Months from Beginning Date (mm/dd/year)
Example (10/14/2002 – 10/13/2003)**

When the employee returns from the FMLA leave, please send a copy of this form to: **Joyce Wynn/Human Resources Records M/C 900**

Date: ____/____/200__ Employee Name: _____ (Last, First, and MI) UIN: _____ Department Code: _____ Department Name: _____ Department Contact: _____ Contact Phone Number: _____	<p><u>Type of Leave</u></p> <input type="checkbox"/> Block of time <input type="checkbox"/> Intermittent <input type="checkbox"/> Reduced Schedule	Beginning Date of Leave: ____/____/200__ Ending Date of Leave: ____/____/200__
<p><u>Reason for Leave</u></p> <input type="checkbox"/> Employee illness <input type="checkbox"/> Family illness <input type="checkbox"/> Birth/Adoption		

****Total number of hours available to the employee is calculated as follows: 12 weeks * the number of hours in the employee's workweek less any used FMLA leave.**

Pay Period	Pay Period Dates	FMLA Paid as Parental Leave	FMLA Paid as Sick Leave	FMLA Paid as Vacation	FMLA Unpaid	Total FMLA Hours Charged	FMLA Balance Remaining
							**

**Please note that holidays and floating holidays are counted as FMLA when leave is counted as a block of time.*

