

FAMILY AND MEDICAL LEAVE UTILIZATION

* Please fill in all information marked with an asterisk

| | | | | | | | |
|--|--------|----------|---------|-------------------|----------|--------|----------|
| * Name: | | | | Social Security#: | | | |
| * Emp. ID#: | | * Month: | | * Year: | | | |
| * Please Enter # of Hours Per Day / Reason Codes | | | | | | | |
| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Week 1: | / | / | / | / | / | / | / |
| Week 2: | / | / | / | / | / | / | / |
| Week 3: | / | / | / | / | / | / | / |
| Week 4: | / | / | / | / | / | / | / |
| Week 5: | / | / | / | / | / | / | / |
| Total FMLA Utilization Hours For The Month: | | | | | | | |
| * Home Department Name: | | | | | | | |
| * Authorizing Signature: | | | | | | | |

Reason Codes for Departmental Use:

- | | |
|-----------------------------|--|
| 1. Illness, Self | 4. Illness, Parent |
| 2. Illness, Spouse | 5. Birth, Adoption or Foster Placement |
| 3. Illness, Dependent Child | |

Remember to complete a Personnel Action Form (PAF) when a faculty/staff member enters unpaid leave status. Be sure to note on the PAF comments section that the faculty/staff member is entering unpaid leave status utilizing FMLA leave. Also, please indicate the FMLA qualifying reason (illness, self; birth or adoption; etc.)

Once completed, please make a copy of this form for departmental records, then mail to:

**Employee Relations:
1105 Oxford House, 4310**