

OFLA SICK CHILD LEAVE ATTENDANCE RECORD

Return to Human Resources by the 10th of each month
(i.e. May attendance record due on June 10th)
Email to: HRLeaves@uoregon.edu

NAME: _____ UO ID: _____ Department: _____

Instructions: Indicate the number of hours you are off each day while on OFLA Sick Child Leave.

Include hours off for the entire month. *Please **do not** submit this form with midmonth to midmonth hours.*

Include holidays as OFLA Sick Child Leave if you are off work the entire week in which the holiday falls.

Do not include days you are not expected to work (i.e., unpaid winter, spring, summer breaks or weekends).

I returned to work and no longer need leave
Last date on OFLA Sick Child Leave _____

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																																	

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: _____

You may find this form at: hr.uoregon.edu/policies-leaves/parental-and-medical-leaves/family-and-medical-leaves/forms-fmla.