UNIVERSITY OF OREGON

COVID-19 (School/Place of Care Closures)
EFMLEA/Amended OFLA ATTENDANCE RECORD

For Child(rend) under 18 of age or older - incapable of self-care due to mental or physical disability

Return to Human Resources by the 5th of each month

(i.e. April attendance record due on May 5th)

Email to: HRBenefits@uoregon.edu

NOTE: Failure to submit attendance record may result in denial of your protected leave

NAME: _____ **UO ID:** _____ **Department:** _____

Instructions: Indicate the number of hours you are off each scheduled workday while on approved FMLA/OFLA leave.

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

Include holidays as FMLA/OFLA 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 FMLA/OFLA Leave _____

Intermittent leave: Please submit this form even if "0" FMLA/OFLA hours were taken. Enter a **zero** in the 'total' box for the appropriate month.
Reduced work schedule: Only report scheduled hours not worked.

Time Sheet/Leave Reporting: Continue to submit your regular monthly time sheet or leave report for payroll purposes to your home department.

	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
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
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Please check the appropriate box:

☐Yes, **all** of the hours indicated above are due to my on-the-job injury.

☐Yes, **some** of the hours indicated above are due to my on-the-job injury. (***Please circle only the hours associated with Workers Compensation (WC) claim.)***

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.

Revised 4-2020