

# OFLA BEREAVEMENT LEAVE ATTENDANCE RECORD

Protected under the Oregon Family Leave Act

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

NAME: \_\_\_\_\_ UO ID: \_\_\_\_\_ Department: \_\_\_\_\_

**Instructions:** Indicate the number of hours you are off work each day for the purpose of bereavement leave.

Two (2) weeks of unpaid paid bereavement leave needs to be completed within 60 days from date of knowledge of death.

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

**Include** holidays, if you are off work for the entire week in which a holiday falls, include hours for the holiday.

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

**Intermittent leave:** You must submit this form even if "0" hours were taken. Enter a zero in the "total" box for the appropriate month.

**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
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Feb																																
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sep																																
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Nov																																
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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: \_\_\_\_\_