

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

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

Return to Human Resources by the 10th of each month  
(i.e. April attendance record due on May 10th)  
Email to: [HRBenefits@uoregon.edu](mailto:HRBenefits@uoregon.edu)

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

**Instructions:** Indicate the number of hours you are off each scheduled workday while on approved EFMLEA/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/Modified 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
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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: \_\_\_\_\_