

# FMLA/OFLA ATTENDANCE RECORD

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 each day while on FMLA/OFLA leave.

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

**The protected Leave usage is for**

**Self** \_\_\_\_\_ and/or **Family Member** \_\_\_\_\_

**I returned to work and no longer need leave**

**Last date on FMLA/OFLA Leave** \_\_\_\_\_

**Intermittent leave:** Please 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
Jan																																
Feb																																
Mar																																
Apr																																
May																																
Jun																																
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																

**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: \_\_\_\_\_