Intermittent FMLA Tracking Form

Employee Name: _____ Month/Year:_____

Building: _____ Position Title:_____

You have requested the need for intermittent leave under the Family and Medical Leave Act.

You are eligible for up to 12 weeks of leave per 12 month rolling period under the Family Medical Leave Act and you will be reinstated to your job after your leave. Penn Hills School District will continue your health insurance during your leaves as per the regulations and your union contract. When a health care provider certifies a need for intermittent FMLA leave for a period exceeding 30 days, PHSD may not require additional certifications during that period unless a request is made to extend the leave, circumstances change significantly or PHSD receives information that casts doubt on the need for leave.

In order to document the dates and times that you are utilizing your leave, it is necessary that you complete the following form with each occurrence during <u>each month</u>.

Please submit the completed form by the end of each month to the Human Resource Office.
Please direct any questions that you may have to the Human Resource Office.
If your leave situation changes, you will need to submit a revised letter indicating the changes.

DATE	TIME PERIOD OFF	FMLA TIME TAKEN (minimum ½ day pay per contract)	COVERAGE REQUIRED
Ex. 1/15/10	11:45 – 3:15	3.5 hours	Substitute required

Signature: _____ Date: _____