

Return to Human Resources by the 10th of each month
(i.e. May attendance record due on June 10th)

Email to: HRLeaves@uoregon.edu

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

FMLA/OFLA ATTENDANCE RECORD

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 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).

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" FMLA/OFLA 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: _____