Family and Medical Leave (FMLA) Tracking Form

Employee Name: **Dept.:**

Date FMLA began: **Date FMLA ended:**

Instructions:

For all absences, write date of absence, FMLA Yes or No, and number of hours in appropriate leave category. If you need more lines for additional dates, insert row(s) prior to "Total" line.

Date of Absence:	**FMLA Y/N**		**Sick Leave**		**Annual Leave**		**LWOP/Other**	
	Y	**N**	**Y**	**N**	**Y**	**N**	**Y**	**N**