Timekeeping Verification Form

Short-Term or Intermittent Family and Medical Leave

This form is used to track **ONLY FMLA CERTIFIED** absences for **ONE** diagnosis. Use this form to record the hours absent for each FMLA absence as the absence occurs. *PLEASE MAKE ADDITIONAL COPIES AS NEEDED*.

Payroll Ending Date: _____

Date	Hours Absent	Notes, If Applicable	Emp. Initial	Supr. Initial

It is the supervisor and employee's responsibility to turn this information in to Human Resources (Libby Gilbert, Box 15) at the **END OF EACH PAY PERIOD** to accurately update the employee's records. **PLEASE SUBMIT THIS FORM PROMPTLY**.

_____

Employee Name (Print) Employee Signature Date

_____

Supervisor Signature Extension # Date

I have verified the above information regarding FMLA absences supplied by the employee as accurate and true.

Reset Form