



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
EL PASO

## Intermittent FMLA Leave Record

Please submit this time record to Human Resources by the 10<sup>th</sup> of the following month in which you were absent from work due to your approved FMLA leave. For example, January’s time record is due no later than February 10<sup>th</sup>. If no leave was taken, enter “0” in the Total column. This time record should match your Web Time Entry (WTE) or Web Leave Report (WLR) submitted through your eRaider. The department and employee must sign this form before submitting to Human Resources or emailing to [ELPHRleaveadmin@ttuhsc.edu](mailto:ELPHRleaveadmin@ttuhsc.edu).

**NOTE:** *Only enter leave taken for your Intermittent FMLA Illness/Injury. Any other absences not related to your approved FMLA do not need to be reported on this form.*

Employee Name: \_\_\_\_\_ R# \_\_\_\_\_

Employee phone number: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor phone number: \_\_\_\_\_

Approved FMLA Start and End Date: \_\_\_\_\_ Month Reporting: \_\_\_\_\_

| Day        | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|-------|
| FMLA Hours |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |       |

| Day        | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total |
|------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------|
| FMLA Hours |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |       |

Total Number of Hours used for the month \_\_\_\_\_

Employee’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_