

FMLA CALENDAR

Name:

University ID:

Start Date:

Department:

End Date:

Supervisor:

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January																															
February																															
March																															
April																															
May																															
June																															
July																															
August																															
September																															
October																															
November																															
December																															

Complete and send a copy to Staff Benefits at the end of each month where FMLA time is used by marking absences as follows:

Please put an X on the day when the employee was not at work for their FMLA reason, regardless of whether the employee was paid. The employee can use sick leave, vacation, convenience or be unpaid in this order.

(The maximum number of paid sick days for the care of a family member is 20 per fiscal year)

If the employee did not take the entire day off, please mark the number of hours used for FMLA.

Supervisor Signature _____

Date _____