



JEFFERSON COUNTY OFLA/FMLA TRACKING FORM

This OFLA/FMLA leave tracking form must be submitted to Human Resources at the end of each pay period while an employee is on an approved OFLA/FMLA. This will assist Human Resources in tracking the number of hours that an employee has used for an approved Family and Medical Leave.

Employee Name: _____ Department: _____

Please indicate amount of OFLA/FMLA leave taken each day. **Only OFLA/FMLA time should be recorded on this form.**

When determining an employee's FMLA and OFLA leave entitlement, a rolling-backward period is used.

Year	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	Hours Used	
	JAN																																	
	FEB																																	
	MAR																																	
	APR																																	
	MAY																																	
	JUN																																	
	JUL																																	
	AUG																																	
	SEP																																	
	OCT																																	
	NOV																																	
	DEC																																	

I hereby certify that all hours recorded on this form were related to an approved Family and Medical Leave.

Employee Signature

Date

Supervisor Signature

Date