



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: \_\_\_\_\_