

INTERMITTENT FML TIMESHEET FAMILY MEDICAL LEAVE ACT (FMLA)

Your Supervisor must approve this timesheet.

HOURS ENTERED ON THIS TIMESHEET SHOULD NOT BE ENTERED ON YOUR BANNER TIMESHEET

EMPLOYEE NAME: _____

T#: _____ DEPT: _____

PAY PERIOD: _____

SUPERVISOR SIGNATURE: _____

	DATE OF FML	# HRS SICK	# HRS VAC	# HRS PERSONAL BUSINESS	# HRS UNPAID TIME
WEEK 1 OF PAY PERIOD					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
WEEK 2 OF PAY PERIOD					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					