

FMLA/Disability Leave Form

Name:

Social Security #:

Emp. ID#:

Month:

Year:

Please Enter # of Hours Per Day / Reason Codes

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1:	/	/	/	/	/	/	/
Week 2:	/	/	/	/	/	/	/
Week 3:	/	/	/	/	/	/	/
Week 4:	/	/	/	/	/	/	/
Week 5:	/	/	/	/	/	/	/

Total FMLA/Disability For The Month (hours or weeks):

Home Department/Institution:

Authorizing Signature and Title:

Reason Codes:

1. FMLA
2. Short Term Disability
3. Long Term Disability