

**University of Illinois FMLA Usage Report
For Departmental Use Only**

Entitlement Period *Date FML begins {mm/dd/year} – Twelve Months from Beginning Date {mm/dd/year}*

***Example:** (10/14/2002 – 10/13/2003)

When the employee returns from the FMLA leave, please send a copy of this form to the appropriate campus Human Resources office.

Date: ____/____/200__ Employee Name: _____ (Last, First, and MI) UIN: _____ Department Code: _____ Department Name: _____ Department Contact: _____ Contact Phone Number: _____	<p align="center"><u>Type of Leave</u></p> <input type="checkbox"/> Block of Time <input type="checkbox"/> Intermittent <input type="checkbox"/> Reduced Schedule <p align="center"><u>Reason for Leave</u></p> <input type="checkbox"/> Employee Illness <input type="checkbox"/> Family Illness <input type="checkbox"/> Birth/Adoption	Beginning Date of Leave: ____/____/200__ Ending Date of Leave: ____/____/200__
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**Total number of hours available to the employee is calculated as follows: 12 weeks * the number of hours in the employee's workweek less any used FMLA leave.

Pay Period	Pay Period Dates	FMLA Paid as Parental Leave	FMLA Paid as Sick Leave	FMLA Paid as Vacation	FMLA Unpaid	Total FMLA Hours/Days Charged	FMLA Balance Remaining
							**

**Please note that holidays are counted as FMLA when leave is counted as a block of time. Floating holidays that are used to remain in pay status are counted as part of the 12-week FMLA entitlement.*

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Returned to Work on: ____/____/200__

Comments: _____
