



Fax: 715-841-4300
Phone: 888-833-2552

Email: leavemanagementservices@aspirus.org

INTERMITTENT LEAVE TRACKING FORM

Employee Name: _____ Employee ID# _____

Facility Location: _____ Department: _____

You are responsible for reporting the time you are off work on intermittent leave. Please follow these steps to ensure your time-off is protected:

1. Notify your manager/supervisor of your absence, or request planned time off by following normal department call-in/request off procedures
2. Notify leave management services immediately every time an absence is related to your intermittent leave by phone or email.
3. Enter the date and number of hours and/or minutes (1/4 hour increments only) that you were absent for each day of the intermittent leave below.
4. Return this completed form to leave management services by Friday of week in which leave time has been taken or in advance for foreseeable future dates.

Reason for Leave:

- Own Serious Health Condition Care of Spouse (Domestic Partner-WI only) Care of Child
 Care of Parent Care of Parent-In-Law (WI only)

TIME REQUESTED FOLLOWS THE FREQUENCY AND DURATION AND REASON FOR LEAVE OUTLINED IN MY CERTIFICATION

Date: _____ Total Leave hours taken: _____ Amount of PTO: _____

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I HEREBY CERTIFY THAT ALL HOURS SET FORTH ON THIS FORM WERE/WILL BE TAKEN FOR AN APPROVED INTERMITTENT LEAVE. I UNDERSTAND THAT KNOWINGLY PROVIDING A STATEMENT THAT CONTAINS ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY RESULT IN CORRECTIVE EMPLOYMENT ACTION.

Employee Signature

Date

My employee has properly notified me of the above absences and will be submitting these absences to Leave Management Services for approval and/or denial in accordance with the certification on file.

Manager Signature

Date

Return completed tracking form via email or Fax