



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, by following normal department call-in procedures
2. Notify Leave Management Services every time an absence is medically necessary and related to your intermittent leave by phone or email.
3. Enter the date and number of hours and/or minutes you were absent for each day of the intermittent leave.
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)

Date: _____ Total Leave hours taken: _____ Amount of PTO/Sick to be used: _____

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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.

Manager Signature

Date

Return completed tracking form via email or Fax to:

Leave Management Services
Fax: 715-748-8832 Phone: 888-833-2552 Email: leavemanagementservices@aspirus.org
Address: 135 South Gibson Street, Medford, WI 54451