



**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 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)

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

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

*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: 715-841-4300 Phone: 888-833-2552 Email: [leavemanagementservices@aspirus.org](mailto:leavemanagementservices@aspirus.org)**  
**Address: 135 South Gibson Street, Medford, WI 54451**