

Arlington Central School District

Office of Human Resources

FMLA ATTENDANCE VERIFICATION

The purpose of this form is to allow the District to maintain accurate FMLA records.
Please note the completion of this form is in addition to any attendance reporting requirements.

Directions: This form needs to be completed once for a continuous leave unless your leave changes. If this is an intermittent leave, this form needs to be completed each time. Please complete and sign this form along with your supervisor and return to the Human Resources Office.

Date: _____

Name: _____ Position: _____

Home/Cell Phone: _____ Building/Department: _____

Regular hours of employment: start end
time: _____ time: _____

Continuous Leave: Start Date: _____ End Date: _____
 Estimated Return to Work Date: _____

Intermittent Leave:

Full Day(s) Date(s): _____

Partial Day(s):

Date(s)	Duration of Leave	Start Time	End Time

Please return to the Office of Human Resources.
Any FMLA time will run concurrent with any paid disability time.

Employee Signature _____
Date

Supervisor Signature _____
Date

(for office use only)

Date Received: _____ Determination of Eligibility for FMLA: _____