



OSU ATTENDANCE FORM

Return to: Office of Human Resources
 OSU Employee Relations
 Oregon State University
 122 Kerr Administration Building
 Corvallis, OR 97331-2132

____ FMLA / ____ OFLA

Note: **This form is to be completed in addition to your regular time sheet, and should be used to note FMLA/OFLA hours used.** Please submit this form to your department payroll contact and/or supervisor by the end of each month. Once approved and signed, the form must be forwarded to the **Office of Human Resources by the 10th of the month.** If you are on intermittent leave, complete the form even if no FMLA/OFLA ("0") hours were used during the month.

If the employee is unavailable to complete the form, the department contact or supervisor must complete the form on the employee's behalf.

NAME	ID#	DEPT/UNIT:
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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
Jan																																		Jan
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Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____