

Intermittent Bonding Leave Time Tracking Instructions

Name: _____ Leave ID Number: _____

Request Date: _____

With departmental approval, eligible employees may use intermittent or reduced schedule FMLA family leave for bonding purposes after the birth or placement of a child. Requests for intermittent FMLA family leave for bonding purposes must be scheduled in advance and requested in writing at time of FMLA application.

An employee requesting leave to care for a newborn should either submit verifying medical certification or a birth certificate along with this application.

An employee requesting leave for adoption or foster care placement should submit supporting legal documentation along with this application.

Note: if you wish to use annual, sick or unpaid time during your intermittent FMLA absences, please submit those pay requests to your supervisor as normal for payroll processing.

In order to request intermittent FMLA for bonding, please complete the following steps to ensure your time is allocated as FMLA:

1. Complete tracking forms for each pay period in which intermittent FMLA bonding absences are being requested.

NOTE: Minutes should be reported in 15-minute increments:

15 minutes = :15	30 minutes = :30	45 minutes = :45
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2. Sign and submit the form to your manager for review.
3. If approved, upload a copy of your approved intermittent bonding leave form to your leave request at go.gwu.edu/mlp along with the required proof of birth or adoption/foster care certification documents. Or you can fax the forms to 1-603-334-0401 or email to AbsenceClaimsNH@lfg.com.

Intermittent Bonding Leave Time Tracking Form

Name: _____ Leave ID Number: _____

Request Date: _____

Reason for Leave (check or 'X' ONE box):

To bond with a newborn (maternity leave extended beyond the employee's period of incapacity, or paternity care)
 Date of Birth: / /

To bond with an adopted or foster child Date of adoption or placement: / /

TIME SHEET PERIOD

BEGIN DATE / /

END DATE / /

	DATE	HOURS	MINS		DATE	HOURS	MINS
1.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>	8.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>
2.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>	9.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>
3.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>	10.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>
4.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>	11.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>
5.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>	12.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>
6.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>	13.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>
7.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>	14.	<input type="text"/> / <input type="text"/>	<input type="text"/>	: <input type="text"/>

I understand that failure to return to work at the end of my approved leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing.

Employee's Signature: _____

Date: / /

EMPLOYER ACKNOWLEDGEMENT:

I acknowledge receiving notice from the above employee that they wish to take an Intermittent FMLA for bonding purposes. I understand that Lincoln Financial Leave Services will make a final determination of the employee's FMLA entitlement upon receipt of this Application and other appropriate supporting documentation.

Manager's Name: _____

Manager's Signature: _____

Date: