

**CENTRAL OREGON COMMUNITY COLLEGE  
FAMILY MEDICAL LEAVE/OREGON FAMILY MEDICAL LEAVE (FMLA/OFLA)**

**EMPLOYEE MONTHLY TIME SHEET**

(PRINT OR TYPE ONLY)

**Instructions:** Please show the number of hours for each day you have taken off during your FMLA/OFLA leave (holidays are included as FMLA/OFLA leave). Do not include days you are not expected to work. Return a copy of this form each month (by the fifth working day of the next month) with your signature, your supervisor's signature and date signed, to the Human Resources Office (Location: NEW 103, Office Hours: 8:00 A.M.-4:30 P.M., M-F, Phone: 541-383-7216, Fax: 541-317-3066). (You will need to submit a completed timesheet for each month you are on FMLA/OFLA leave.)

<b>NAME:</b>		<b>COCC 820# ID:</b>		<b>PHONE NUMBER:</b> Office #:----- Home #:-----		<b>DEPARTMENT:</b>	<b>Month &amp; Year:</b>
<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	
<b>Total Hours Used This Month for FMLA/OFLA:</b>							

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_