



St. Louis Public Schools

FMLA Intermittent Leave Form for Daily Absences

This form should be completed for each individual absence for any employee on Intermittent Leave. Please be sure to check the appropriate box to identify days that should be counted toward your FMLA Leave. A doctor’s statement might be requested for absences under FMLA leave, at Human Resources discretion. Return the form to : erstaff@slps.org or 314-244-1739 fax.

(Please use a new form for each individual absence)

Date of Absence ____/____/____

Hours of Absence _____

_____ This absence should be counted toward my Intermittent FMLA time

Employee Name (print)

_____/____/____
Employee’s Signature Today’s Date

_____/____/____
Supervisor’s Signature Today’s Date

Supervisor’s signature is for acknowledgement purposes only