RAMAPO COLLEGE OF NEW JERSEY

Department of Human Resources
505 Ramapo Valley Road, Mahwah, NJ 07430-1680
Phone (201) 684-7502 Fax (201) 684-7508
www.ramapo.edu

# FMLA Intermittent Absence Form

This form should be completed biweekly for all pay periods in which absences occur related to approved intermittent family leave. This form should not be used for unrelated absences.

Name_____Department_____

I am on FMLA and submitted a certification of the serious health condition of:

☐ myself or ☐ my covered family member

Dates and Time of Absence- Pay Period#_____

Please record number of hours absent per day below

Week 1 Sat.__ Sun___Mon.___Tues.___Wed.___Thurs.___ Fri.___

Week 2 Sat.___Sun.___Mon.___Tues.___Wed___Thurs.___Fri.___

Please check one:

☐ My absence was due to medical treatment/incapacity of myself

☐ My absence was due to medical treatment/incapacity of a family member

I hereby certify that my absence from work on the above dates and times relates to the serious health condition described above and that the information given above is true and correct to the best of my knowledge. I understand that misrepresentation of the reason for leave or any of the facts supporting the need for leave will result in denial of the leave and disciplinary action up to and including discharge.

Employee Signature_____Date_____

Supervisor Signature_____Date_____

**Supervisor-Please return to the Benefits Office upon completion**.
11/2020