

LAFAYETTE COLLEGE
FMLA LEAVE RECORD

Please submit to the Office of Human Resources following one week of absence or if the employee knows in advance they will be out for more than one week due to surgery or treatment.

EMPLOYEE'S NAME _____

DEPARTMENT _____

SUPERVISOR _____

DATE ABSENCE BEGAN _____

REASON FOR ABSENCE _____

JOB-RELATED INJURY? _____ YES _____ NO