

**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