

**Arlington Central School District**  
**Office of Human Resources**

**FMLA ATTENDANCE VERIFICATION**

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The purpose of this form is to allow the District to maintain accurate FMLA records.  
Please note the completion of this form is in addition to any attendance reporting requirements.

Directions: This form needs to be completed once for a continuous leave unless your leave changes. If this is an intermittent leave, this form needs to be completed each time. Please complete and sign this form along with your supervisor and return to the Human Resources Office.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Building/Department: \_\_\_\_\_

Regular hours of employment: start end  
time: time: \_\_\_\_\_

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☐ **Continuous Leave:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Estimated Return to Work Date: \_\_\_\_\_

☐ **Intermittent Leave:**

☐ Full Day(s) Date(s): \_\_\_\_\_

☐ Partial Day(s):

Date(s)	Duration of Leave	Start Time	End Time

Please return to the Office of Human Resources.  
Any FMLA time will run concurrent with any paid disability time.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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*(for office use only)*

Date Received: \_\_\_\_\_ Determination of Eligibility for FMLA: \_\_\_\_\_