

**The University of Texas
M. D. Anderson Cancer Center
Family and Medical Leave Intermittent Tracking Form (ITF)**

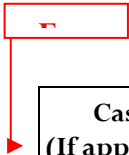
Date: _____

Employee Name: _____ ID#: _____

Department: _____

INTERMITTENT FML (IFML) TRACKING
Please enter the date and number of hours taken and submit a copy of this form to
the Leave Center by faxing to 713 745-8898.

Reminder: IF the employee has multiple IFML cases, please identify the case number (noted in the preliminary approval letter) and report time taken on separate lines.



| Case # (If applicable) | Sunday Date | Monday Date | Tuesday Date | Wednesday Date | Thursday Date | Friday Date | Saturday Date |
|---------------------------|----------------|----------------------|----------------------|-----------------------|------------------|-----------------------|------------------|
| Case #1 | | 1/8/2007 8:00 hrs | | 1/10/2007 2:00 hrs | | 1/12/2007 2:45 hrs | |
| Case #2 | | | 1/9/2007 8:00 hrs | | | | |
| | | | | | | | |
| | | | | | | | |

Timekeeper completing form: (should not be employee taking leave)

Name: _____

ID#: _____ Telephone #: _____

Should Leave Without Pay for Exempt (LWE) Employees (CLE, 80H) be posted? ___ Yes ___ No

Date: _____ Amount: _____

Date: _____ Amount: _____