

**The University of Texas - MD Anderson Cancer Center  
 Family and Medical Leave Intermittent Tracking Form (ITF)**

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

**Employee Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Department:** \_\_\_\_\_

Please enter the date and exact number of hours/minutes taken each day.  
 Fax to the HR Leave Center at 5-8898.

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

**Example**

Case # (If applicable)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Case #1		10/7/2019 8:00 hrs		10/9/2019 2:00 hrs		10/11/2019 2:45 hrs	
Case #2			10/8/2019 8:00 hrs				

**Person validating above information:** (this section should not be completed by the person taking leave)

**Name:** \_\_\_\_\_

**ID#:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

Complete this section if Leave Without Pay for Exempt employees (LWE) needs to be coded by the HR Leave Center:

**Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Amount:** \_\_\_\_\_