

Instructions for Completing the Intermittent FML Leave Record Exempt (Monthly) Employee

Beginning April 2020, Intermittent Leave Records have transitioned to DocuSign forms. Paper records will no longer be accepted. Please follow these instructions to access and complete the appropriate DocuSign form:

1. The DocuSign form for Intermittent Time Sheet – Non-Exempt is online at <https://powerforms.docusign.net/affade1a-fe12-42a7-8280-24fbcce6ee62?env=na2&acct=046ae80d-7495-4a39-a960-9a4b16ff5c0f>. Links are also available on the HR website under [HR Forms](#) or under the [Family and Medical Leave Act](#) page.
2. Under **PowerForm Signer Information**, fill in the employee's name and email address and the supervisor's name and email address. Select 'Begin Signing.'
3. The employee must agree to the *Electronic Record and Signature Disclosure* terms and conditions by checking the box next to 'I agree to use electronic records and signatures.' Select '**Continue.**'
4. The employee's name will auto-populate on the Intermittent FML Leave Record. Fill in the employee's CWID and daytime telephone number.
5. Fill in the corresponding month and year for the pay period.
6. Fill in employee's actual hours worked in the "Worked Hours" column on the row corresponding to the appropriate day of the month.
7. Fill in any annual leave hours taken in the "Annual Leave Hours" column on the row corresponding to the appropriate day of the month.
8. Fill in any sick leave hours taken in the "Sick Leave Hours" column on the row corresponding to the appropriate day of the month.
9. Fill in any holiday hours taken in the "Holiday Hours" column on the row corresponding to the appropriate day of the month.
10. Fill in any unpaid hours taken in the "Unpaid Hours" column on the row corresponding to the appropriate day of the week.
11. Fill in **any hours** that were taken off in association with the employee's *approved* FML in the "Standard FML Hours" column on the row corresponding to the appropriate day of the week. If the hours are related to the employee's *approved* Expanded FML related to a qualifying childcare need due to COVID-19, these hours should be listed under "Expanded FML Hours."

IMPORTANT NOTE: The number of hours in the "Standard FML Hours" or "Expanded FML Hours" column should include **all paid and unpaid time for absence from work related to the employee's FML** (e.g., the sum of Annual Leave, Sick Leave, Holiday and Unpaid Hours should = FML Hours).

12. If the employee used Annual Leave or Sick Leave time that is **not** associated with an approved FML, then please notate in the “Comments” column on the row corresponding to the appropriate day of the week as “**Not FML Related.**” This will ensure accurate recording of the employee’s FML usage.
13. Please notate any other unusual circumstances in the “Comments” column on the row corresponding to the appropriate day of the month.
14. Select the yellow ‘Sign’ arrow next to Employee Signature line. The **Adopt Your Signature** box will appear. Fill in the employee’s full name and initials, then choose the font style for the electronic signature. The employee may also draw their signature or upload an image file. Select ‘Adopt and Sign’ to continue.
15. The electronic signature will appear on the Employee Signature line with a date and time stamp stored in DocuSign.
16. Check the circle that corresponds to the amount of time the employee is expected to work each day (i.e. 7.75 or 8 hours).
17. Select ‘Finish’ to complete the DocuSign form. The employee can download or print a copy of the Intermittent Leave Record.
18. The employee’s supervisor will receive an email titled ‘**Please DocuSign: Intermittent FML Leave Time Sheet**’ which includes a link to review and sign the form after it is signed by the employee. Select ‘Review Document’ to open.
19. The supervisor will need to agree to the same *Electronic Record and Signature Disclosure* terms and conditions by checking the box next to ‘I agree to use electronic records and signatures.’ Select ‘**Continue.**’
20. The supervisor should verify the hours entered. If the information is not correct, the supervisor can select **Other Actions** and **Decline to Sign**. This will void the Intermittent Leave Record and notify the employee to resubmit.
21. If approved, the supervisor should select the yellow ‘Sign’ arrow next to Employee Signature line. The **Adopt Your Signature** box will appear. Fill in the employee’s full name and initials, then choose the font style for the electronic signature. The employee may also draw their signature or upload an image file. Select ‘Adopt and Sign’ to continue.
22. Fill in the Supervisor’s Phone number and select ‘Finish’ to submit. A copy will be sent to the Benefits Office and saved in OnBase under the employee’s record.
23. The Intermittent FML Leave Record – Exempt must be completed by the 7th of the following month *even if no FML time was used for the month.*
24. Exempt (monthly paid) employees should continue to report any use of paid leave time, such as annual or sick leave, in the on-line leave reporting system. Completion of the Intermittent FML Leave Record does not substitute for nor replaces this reporting of paid time.