

**Family & Medical Leave
Intermittent Appointment
& Call Out Verification Form**

FML

MONMOUTH COUNTY		Department: _____	
Section 1	Last Name: _____	First Name: _____	Employee ID #: _____
	Address: _____		<input type="checkbox"/> Check box if this is a new address
	City: _____	State: _____	Zip: _____
	Email: _____	Phone: _____	DOB: _____
Section 2	1. Absence Date(s)		
	Absence Beginning ____/____/____ Absence Ending ____/____/____		
	Hours to be charged to FMLA: _____		
	<input type="checkbox"/> Self	<input type="checkbox"/> Family Member	Case Number: _____
	Absence Beginning ____/____/____ Absence Ending ____/____/____		
	Hours to be charged to FMLA: _____		
<input type="checkbox"/> Self	<input type="checkbox"/> Family Member	Case Number: _____	
Absence Beginning ____/____/____ Absence Ending ____/____/____			
Hours to be charged to FMLA: _____			
<input type="checkbox"/> Self	<input type="checkbox"/> Family Member	Case Number: _____	
2. Do you require an FML Extension?			
If yes, please send appropriate medical documentation directly to IAA.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Additional Information you would like us to know about your request.			
Section 3	I acknowledge that this document will be utilized to help appropriately track any intermittent time off which may be related to my FML request on file.		
	_____ Employee Signature	_____ Date	

The Intermittent Appointment and Call Out Verification Form must be submitted to IAA or your timekeeper within 3 working days following the period of absence in order for the absence to be recorded as FMLA.

Submit Forms to Insurance Administrator of America, Inc.
Fax: 856-797-5608 ~ Email: fmla@iaatpa.com ~ Phone: 888-599-1515 x213 or 226
Mail: IAA-FMLA 1934 Olney Ave. Suite 200 Cherry Hill, NJ 08003