



Cigna Life Insurance Company of New York
 Life Insurance Company of North America

Intermittent Leave of Absence Time Tracking Report

Name:		Employee ID: (if known)
Employer Name:		
<p>When you're taking approved intermittent leave, you need to keep track of your absences. It's your responsibility to report the time you're not at work. Please follow these instructions to report your time as PFL and/or FML.</p> <ol style="list-style-type: none"> 1. Make a copy of this form for use in reporting time-off. 2. Enter the date, leave number, leave reason, whether the time taken was for incapacity or office visit and number of hours and/or minutes for each absence. Only absences related to your approved leave can be reported. 3. Please indicate "Relationship to Employee" if the approved leave is for a family member 4. Sign and date the form. 5. Return the completed form weekly by one of the following methods: <ol style="list-style-type: none"> a) Fax: 866.586.0812 b) Email: pflcertifications@cigna.com 		
Employee's signature:	Date:	Phone number:

Date	Hours/ Days Used	Full Day Absence	Leave Number	Leave Reason	Incapacity or Office Visit?	Relationship To Employee
<i><u>Sample</u></i> 05/10/08	8 hours	Yes	# xxxxxx	Care of Child	Office Visit	Son - John

***Please note According to your company's policy, approved PFL leave may be concurrently designated as leave pursuant to the federal Family and Medical Leave Act ("FMLA") and/or a company leave policy, if applicable. If your FML is also administered by Cigna Leave Solutions, time reported above will be decremented as FML if applicable.**