EXEMPT EMPLOYEE WORKWEEK AGREEMENT FOR FML LEAVES TAKEN ON A REDUCED SCHEDULE OR INTERMITTENT BASIS
(Executive, Administrative, and Professional Employees)
29 CFR § 825.500(f)

With regard to my Family and Medical Leave (FML) on a reduced schedule or intermittent basis:

1. Prior to my request for FML leave, my normal or average workweek was ______ hours per week.

2. In accordance with the information from my healthcare provider, my schedule during the period ____________________ to _____________________ will be as follows:

3. Based on my normal or average workweek and my projected intermittent or reduced schedule leave, I will be using approximately ______ hours of FML per week during the period of the leave.

________________________________________
EMPLOYEE’S NAME (Please Print)

________________________________________
EMPLOYEE’S SIGNATURE               DATE:

Agreed:

________________________________________
SUPERVISOR’S NAME (Please Print)

________________________________________
SUPERVISOR’S SIGNATURE               DATE: