

**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: