

**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: