

**RECORD OF REDUCED WORK/INTERMITTENT LEAVE SCHEDULE
FOR EXEMPT EMPLOYEES FOR FAMILY AND MEDICAL LEAVE**

_____’s schedule during the period _____ to _____ will be modified as follows:

From (current schedule)

To (modified schedule)

I understand that if it becomes necessary to request a further schedule change because of the nature of the serious health condition necessitating the need for family and medical leave, I will give my supervisor as much notice as possible and support the requested change with medical certification, if requested by the Department.

Employee Name (printed)

Employee Signature

Date

Supervisor Name (printed)

Supervisor Signature

Date