

**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