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: