

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

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

_____ understands 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, she/he must provide as much notice as possible and support the requested change with medical certification, if requested by the Department.

Employee

Supervisor

Date