



Parental Leave Partial Time Off/Flex-Time Work Agreement

Employee: _____ Employee ID: _____
Dates of Leave: _____

Using Template as a reference, please describe how the leave will occur:

Flexible Work Agreement (if applicable)

Please list items that will be accomplished by employee and any metrics that will be used to evaluate performance:
Work to be performed and evaluation metrics:

Please list any regular work items that will not be accomplished during the partial time/flex time period:

Comments or other notes:

Employee Name: _____ Date: _____

Employee Signature: _____

Supervisor Name: _____ Date: _____

Supervisor Signature: _____

Department Head Name: _____ Date: _____

Department Head Signature: _____