

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Approval of Intermittent Reasonable Accommodation Leave

Dear [Employee Name],

This letter is to formally notify you that your request for intermittent leave as a reasonable accommodation under the Americans with Disabilities Act (ADA) has been approved.

Based on the medical documentation provided and our recent interactive discussion, the following terms apply to your leave:

- **Approval Period:** This accommodation is effective from [Start Date] through [End Date/Review Date].
- **Frequency/Duration:** You are approved for intermittent absences of approximately [Number] times per [Week/Month], for a duration of [Hours/Days] per episode.
- **Reporting Procedures:** You must follow standard departmental call-in procedures for each absence. When reporting your absence, please specify that the leave is related to your "approved intermittent accommodation."
- **Impact on Work:** While on leave, you are responsible for [details regarding hand-off of urgent tasks or communication expectations].

Please note that this accommodation will be reviewed on [Review Date] to ensure it remains effective and continues to meet the needs of both you and the department. If your medical condition changes or you require a modification to this schedule, you must notify Human Resources as soon as possible.

All medical information remains confidential and will be kept in a file separate from your personnel record.

If you have any questions regarding this approval, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

cc: [Personnel File/Human Resources]