[Company Name]
[HR Department Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Notice of Eligibility and Rights & Responsibilities (FMLA) - Approval

Dear [Employee Name],

On [Date], we received your request for intermittent leave under the Family and Medical Leave Act (FMLA) for [reason for leave].

We are pleased to inform you that your request is **APPROVED**. Your FMLA leave is designated as follows:

- **Leave Type:** Intermittent
- **Begin Date:** [Start Date]
- **End Date:** [End Date/Expiration of Certification]
- **Frequency/Duration:** As specified by your healthcare provider's certification.

Your FMLA entitlement allows for up to 12 weeks of unpaid, job-protected leave within a 12-month period. All time taken under this designation will be counted against your total annual FMLA entitlement.

Conditions of Approval:

- **Reporting Procedures:** You must follow standard company call-in procedures when taking intermittent leave and specifically state the absence is for "FMLA."
- **Scheduling:** You must make a reasonable effort to schedule treatments so as not to unduly disrupt company operations.
- **Recertification:** You may be required to provide updated medical certification if your condition changes or the current certification expires.
- **Benefits:** Your health insurance coverage will be maintained under the same conditions as if you had continued to work. You remain responsible for your portion of health insurance premiums.

Upon returning from FMLA leave, you will be reinstated to your original or an equivalent position with equivalent pay, benefits, and other employment terms.

If you have any questions regarding your leave or your rights and responsibilities, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Name/Signature]
[Title]
[Company Name]