

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Notification of Intermittent Leave Scheduling and Tracking Requirements

Dear [Employee Name],

This letter follows the approval of your request for intermittent leave under the [Family and Medical Leave Act (FMLA) / Company Policy] for the period of [Start Date] through [End Date].

To ensure business continuity and accurate record-keeping, please adhere to the following procedures for scheduling and tracking your intermittent leave:

1. Advance Notice and Scheduling

When the need for leave is foreseeable (such as planned medical appointments), you are required to provide at least [Number] days' notice. You must make a reasonable effort to schedule treatments so as not to unduly disrupt department operations.

2. Call-In Procedures

For unforeseeable leave (such as flare-ups), you must follow the standard department call-in procedure. When reporting your absence, you must specifically state that the absence is related to your "approved intermittent leave" to ensure it is coded correctly.

3. Time Tracking

You are responsible for recording all hours taken as intermittent leave. Please use the following method to track your time: [e.g., Online Timecard Code / Manual Log Sheet]. Logs must be submitted to [Manager/HR Name] by [Day of the week/Date].

4. Recertification

Please note that if the frequency or duration of your absences exceeds what is stated on your medical certification, the company may request a recertification from your healthcare provider.

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

Sincerely,

[Your Name]

[Your Title]

[Company Name]