

**Date:** [Date]

**To:** [Employee Name]

**Employee ID:** [ID Number]

**Subject:** Designation Notice - Intermittent Family and Medical Leave (FMLA)

Dear [Employee Name],

We have reviewed your request for leave and any supporting documentation provided. We are writing to inform you that your request for leave is **APPROVED** as Intermittent Family and Medical Leave (FMLA) for the following reason:

- Your own serious health condition.
- The serious health condition of your spouse, child, or parent.
- A qualifying exigency arising out of the fact that your spouse, child, or parent is on covered active duty or has been notified of an impending call or order to covered active duty.

**Designation Details:**

Your FMLA leave is designated as intermittent leave beginning on [Start Date] and is expected to continue through approximately [End Date/Recertification Date].

**Usage and Reporting Requirements:**

- Based on your medical certification, your leave is estimated to occur at a frequency of [e.g., 1-2 times per month] with a duration of [e.g., 1-2 days per episode].
- You must follow standard company call-in procedures when taking intermittent leave, unless emergency circumstances prevent you from doing so.
- When reporting your absence, you must specifically state that the leave is for "FMLA" or your approved medical claim.
- You are required to make a reasonable effort to schedule treatment so as not to unduly disrupt company operations.

**Entitlement:**

All leave taken for this reason will be counted against your annual FMLA entitlement of 12 workweeks (or 26 workweeks for military caregiver leave) in a 12-month period.

**Additional Requirements:**

You are required to use your accrued paid leave (sick/vacation/PTO) concurrently with your FMLA leave.

No paid leave is required; your leave will be unpaid.

If you have any questions regarding your FMLA rights or responsibilities, please contact [Name/Department] at [Phone Number/Email].

Sincerely,

[Name]

[Title]

[Company Name]