

**[Date]**

**To:** [Employee Name]

**Employee ID:** [ID Number]

**Address:** [Employee Address]

**Subject: Designation Notice - Reduced Schedule Family and Medical Leave**

Dear [Employee Name],

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and any supporting documentation provided. This letter serves as official notification regarding the status of your request.

### **1. Leave Approval**

Your FMLA leave request is **approved**. Your leave will be taken on a **reduced leave schedule** for the following reason:

The birth of a child, or placement of a child with you for adoption or foster care.

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.

### **2. Schedule Details**

Based on your medical certification or request, your reduced work schedule is approved as follows:

**Effective Dates:** From [Start Date] to [End Date/Review Date]

**Approved Hours:** You are authorized to work [Number] hours per week, not to exceed [Number] hours per day.

### **3. Impact on Leave Entitlement**

Each hour/day missed from your normal schedule will be counted against your 12-week (or 26-week for military caregiver leave) FMLA entitlement. We will track your usage in increments of [Minimum Increment, e.g., 1 hour].

### **4. Reporting Requirements**

You are required to follow standard call-in procedures for any absences outside of this approved reduced schedule. You must also notify [Department/Contact Name] of any changes to your medical status or the need for a schedule adjustment.

### **5. Benefits and Pay**

During your FMLA leave, your health insurance coverage will be maintained under the same conditions as if you had continued to work your full schedule. You are responsible for your portion of the health insurance premiums, which will be deducted from your pay. To receive pay for the hours not worked, you may use your accrued [Sick/Vacation/PTO] leave, subject to company policy.

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

Sincerely,

[Signature]

[Name of HR Representative]

[Title]

[Company Name]