[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Approval of Request for Intermittent Medical Leave

Dear [Employee Name],

We have received and reviewed your request for a medical accommodation in the form of intermittent leave, along with the supporting documentation provided by your healthcare provider.

This letter is to formally notify you that your request for intermittent leave has been approved under [Company Policy/FMLA/ADA]. This accommodation is effective from [Start Date] through [End Date or "until further notice"].

Approved Leave Parameters:

- **Frequency:** Up to [Number] episodes per [Week/Month].
- **Duration:** Approximately [Number] [Hours/Days] per episode.

Employee Responsibilities:

- You must follow standard call-in procedures for each absence.
- When reporting an absence, you must specify that the leave is related to this approved medical accommodation.
- You are expected to make a reasonable effort to schedule planned treatments or appointments so as not to unduly disrupt business operations.
- If your medical condition changes or if the frequency of leave exceeds the approved parameters, updated medical documentation may be required.

Please note that this leave may be [Paid/Unpaid] depending on your available leave balances (Sick, Vacation, or PTO). We will keep your medical information confidential in accordance with legal requirements.

If you have any questions regarding this approval or your leave benefits, please contact [Name/Department] at [Phone Number/Email].

Sincerely,

[Name]
[Title]
[Company Name]