

[Company Name]
[HR Department]
[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Approval of Intermittent Leave Accommodation

Dear [Employee Name],

We are writing to formally notify you that your request for intermittent leave as a reasonable accommodation has been approved. This approval is based on the medical documentation provided on [Date].

Terms of Accommodation:

- **Effective Dates:** This accommodation is effective from [Start Date] through [End Date/Review Date].
- **Frequency/Duration:** Based on your provider's recommendation, you are approved for [e.g., up to 2 episodes per month, lasting 1-2 days per episode].
- **Reporting Requirements:** You must follow standard call-in procedures for each absence. When reporting an absence, you must specify that the leave is related to your "approved intermittent accommodation."
- **Time Tracking:** You are required to record your hours accurately in [Timekeeping System] using the pay code [Code Name].

Expectations:

While your leave is approved, you are expected to make a reasonable effort to schedule planned treatments or appointments so as not to unduly disrupt company operations, whenever possible. Please keep your supervisor informed of your schedule changes with as much advance notice as the circumstances allow.

We will revisit this accommodation on [Review Date] to determine if continued leave or a different adjustment is necessary. Please submit updated medical documentation by that time if your need for leave extends beyond the current expiration date.

If you have any questions regarding your leave or benefits, please contact the Human Resources department at [Phone Number/Email].

Sincerely,

[Name]

[Title]

[Company Name]