

**To:** [Manager Name]

**From:** [Human Resources / Leave Administrator Name]

**Date:** [Date]

**Subject:** Notification of Intermittent Leave Approval - [Employee Name]

Dear [Manager Name],

This letter is to inform you that [Employee Name] has been approved for intermittent leave under [Company Policy / FMLA / State Law]. This leave is effective from [Start Date] through [End Date].

**Leave Details:**

- **Type of Leave:** Intermittent
- **Frequency:** [e.g., 1-2 episodes per month]
- **Duration:** [e.g., 1-2 days per episode]

**Manager Responsibilities:**

- The employee is required to follow standard call-in procedures for each absence, unless medical circumstances prevent them from doing so.
- The employee must specify that the absence is related to their approved intermittent leave when calling out.
- Please track these absences and ensure they align with the frequency listed above.
- Maintain confidentiality regarding the specific medical reason for this leave.

If you notice the frequency or duration of absences exceeds the parameters listed above, or if you have questions regarding operational coverage, please contact the HR department.

Sincerely,

[Your Name]

[Your Title]

[Department Name]