

[Date]

[Employee Name]

[Employee ID]

[Address]

[City, State, Zip Code]

Dear [Employee Name],

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

On [Date Notice Received], we received your request for leave and the supporting medical certification for your position as a Medical Assistant. We have reviewed your request and have the following information regarding your FMLA status:

**1. Leave Approved:** Your request for FMLA leave is **approved**. Your leave will be taken on an intermittent basis or a reduced leave schedule.

**2. Period of Designation:** This designation is valid from [Start Date] through [End Date/Expiration of Certification].

**3. Expectations and Frequency:** Based on your medical certification, your intermittent leave is estimated to occur at a frequency of [Frequency, e.g., 1-2 times per month] with a duration of [Duration, e.g., 1-2 days per episode].

**4. Reporting Requirements:** As a Medical Assistant, you are required to follow the department's standard call-in procedures for every absence. When calling in, you must specifically state that the absence is for "FMLA" so the hours can be tracked correctly against your entitlement.

**5. Paid Leave Usage:** Per company policy, you are required to use your accrued [Sick Leave/PTO/Vacation] concurrently with your FMLA leave. Once your paid leave is exhausted, any remaining FMLA time will be unpaid.

**6. Recertification:** We may require you to provide a new medical certification if the frequency or duration of your absences exceeds what is listed above, or if your condition changes.

Please contact the Human Resources Department at [Phone Number] or [Email Address] if you have any questions regarding your rights and responsibilities under the FMLA.

Sincerely,

[Name]

[Title]

[Department Name]