

Date: [Date]

To: [Medical Receptionist Name]

From: [Manager/HR Name]

Subject: FMLA Designation Notice - APPROVED

Dear [Employee Name],

We have reviewed your request for leave under the Family and Medical Leave Act (FMLA) and any supporting documentation provided. We are writing to inform you that your leave request is **APPROVED**.

Leave Designation Details:

- Your FMLA leave is designated as: [Continuous Leave / Intermittent Leave]
- The leave period is expected to begin on: [Start Date]
- The leave period is expected to end on or about: [End Date]

Notice of Responsibilities and Requirements:

- All leave taken for this reason will be counted against your annual FMLA entitlement.
- You are required to follow standard call-in procedures for the front office and notify your supervisor of any absences.
- Your health insurance benefits will be maintained during your leave under the same conditions as if you continued to work. You must continue to pay your share of health insurance premiums.
- You are required to present a "Fitness-for-Duty" certificate from your healthcare provider before returning to your position as Medical Receptionist.

If you have any questions regarding your leave or your return-to-work status, please contact the Human Resources department.

Sincerely,

[Signature]

[Printed Name]

[Title]