

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Approval of Intermittent FMLA Leave Schedule

Dear [Employee Name],

This letter is to formally notify you that your request for intermittent leave under the Family and Medical Leave Act (FMLA) has been approved. This approval is based on the medical certification provided by your healthcare provider.

Approved Leave Details:

- **Reason for Leave:** [Own serious health condition / Care for a family member]
- **Effective Dates:** From [Start Date] to [End Date/Re-evaluation Date]
- **Frequency/Duration:** [e.g., Up to 2 episodes per month, lasting 1-2 days per episode]

As a Medical Assistant, your presence is vital to clinic operations. While your leave is approved, you are required to follow these procedures:

- Provide as much advance notice as possible for scheduled treatments or appointments to minimize impact on patient flow.
- Follow the standard departmental call-in procedures for unscheduled absences.
- Clearly designate "FMLA" when recording your time or calling out to ensure hours are tracked correctly against your entitlement.

Please note that FMLA leave is unpaid; however, you may be required to use your accrued PTO or sick leave concurrently as per company policy. Your health insurance benefits will be maintained under the same conditions as if you had continued to work.

If you have any questions regarding your leave balance or these requirements, please contact the Human Resources department.

Sincerely,

[Signature]

[Name of Supervisor or HR Manager]

[Title]

[Clinic/Facility Name]