

Date: [Date]

To: [Clinic Manager Name/Human Resources]

From: [Your Name]

Position: [Your Job Title, e.g., Registered Nurse / Medical Assistant]

Subject: Notification of Intermittent FMLA Leave Schedule

Dear [Manager Name],

This letter is to formally notify you of my upcoming shift coverage needs regarding my approved intermittent FMLA leave for the period of [Start Date] through [End Date].

As per my medical certification, I require time off for [medical treatments / flare-up management]. To ensure minimal disruption to clinic operations and patient care, I am providing my expected absence schedule below:

- **Date:** [Date] | **Shift Hours:** [Start Time] to [End Time]
- **Date:** [Date] | **Shift Hours:** [Start Time] to [End Time]
- **Date:** [Date] | **Shift Hours:** [Start Time] to [End Time]

For any unpredictable episodes (flare-ups) that fall outside of this schedule, I will follow the clinic's standard call-in procedures and notify [Department Name] as soon as possible.

I am committed to ensuring that my responsibilities are covered. I have [briefly mention hand-off status, e.g., updated my patient charts / coordinated with the floating nurse]. Please let me know if there are specific protocols you would like me to follow regarding shift hand-overs during these periods.

Thank you for your support and understanding.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Employee ID]