

[Date]

[Employee Name]

[Employee ID]

Laboratory Department

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.

Based on our discussion regarding laboratory operations and your medical necessity, your intermittent leave schedule is approved as follows:

- **Reason for Leave:** [Self/Family Member] Medical Condition
- **Effective Dates:** [Start Date] through [End Date]
- **Frequency/Duration:** Up to [Number] episodes per [Week/Month], lasting [Duration] per episode.

### **Reporting Requirements:**

When you need to utilize intermittent leave, you must follow the standard department call-in procedures. In the laboratory, this includes notifying [Supervisor Name/Lab Manager] at least [Number] hours before your shift begins, or as soon as practicable. When reporting the absence, you must specifically state that the time off is for your "approved FMLA leave."

### **Time Tracking:**

You are required to accurately record all FMLA hours used on your timesheet. Please ensure that leave taken for medical appointments or flare-ups is scheduled, when possible, to minimize disruption to lab testing schedules and sample processing.

Should there be any changes to your medical condition or the frequency of leave required, an updated medical certification may be necessary.

If you have any questions regarding your FMLA benefits or this schedule, please contact the Human Resources Department.

Sincerely,

[Signature]

[Name of Supervisor/HR Manager]

[Title]

cc: Personnel File