

[Date]

[Employee Name]

Medical Billing Specialist

[Employee ID/Department]

**RE: Authorization of Intermittent Family and Medical Leave (FMLA)**

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 authorization is based on the medical certification provided regarding your **[own serious health condition / care for a family member]**.

**Approval Period:**

Your FMLA entitlement is approved from **[Start Date]** through **[End Date]**. You are eligible for up to 12 weeks of leave within a 12-month rolling period.

**Authorized Schedule:**

Based on your healthcare provider's certification, your intermittent leave is authorized as follows:

- Frequency: **[e.g., 1-2 episodes per month]**
- Duration: **[e.g., 1-2 days per episode or reduced daily hours]**

**Reporting Requirements:**

As a Medical Billing Specialist, maintaining workflow is essential. While your leave is protected, you are required to comply with the following procedures:

- Notify **[Manager Name]** as soon as the need for leave is known.
- Follow standard call-in procedures for unscheduled absences.
- Log all FMLA-related hours in **[Timekeeping System Name]** using the specific FMLA code.
- Make a reasonable effort to schedule planned medical appointments outside of peak billing cycles or during non-peak hours to minimize disruption.

Please note that if the frequency or duration of your absences exceeds what is outlined in your medical certification, the company may request a recertification.

If you have any questions regarding your benefits or leave balance, please contact the Human Resources Department at **[Phone Number/Email]**.

Sincerely,

[Signature]

**[Name of HR Representative/Manager]**  
**[Title]**