

[Date]

[Employee Name]

[Employee ID]

[Department]

**Subject: Authorization of Intermittent FMLA Leave for Family Caregiving**

Dear [Employee Name],

We have reviewed your request and the supporting medical certification for Family and Medical Leave Act (FMLA) leave to care for your [Family Member Relationship], [Family Member Name].

This letter serves as formal authorization for your **Intermittent FMLA Leave**. Based on the medical documentation provided, your leave is approved for the period of [Start Date] through [End Date], not to exceed a total of 12 workweeks in a 12-month period.

**Approved Leave Schedule and Conditions:**

- **Frequency:** You are authorized for intermittent absences up to [Frequency, e.g., 2 times per month].
- **Duration:** Each absence is expected to last approximately [Duration, e.g., 1-2 days per episode].
- **Reporting:** You must follow standard departmental call-in procedures for every absence. When reporting your absence, you must specifically designate the time as "FMLA Leave."
- **Scheduling:** For planned medical treatments or recurring appointments, you are required to make a reasonable effort to schedule leave so as not to unduly disrupt company operations.

Please track your hours used for intermittent leave and report them to [Human Resources/Department Manager] via [Timekeeping Method/Form].

If the frequency or duration of your leave needs to change, or if the medical necessity for caregiving ends, you must provide updated medical certification or notification to the Human Resources department immediately.

Sincerely,

[Signature]

[Name of HR Representative]

[Title]

[Company Name]