

DATE: [Date]

TO: [Employee Name]

JOB TITLE: [Job Title]

DEPARTMENT: Medical Clinic Operations

RE: Renewal of Intermittent Family and Medical Leave (FMLA)

Dear [Employee Name],

This letter is to inform you that your current approval for intermittent FMLA leave is approaching its expiration date on [Current Expiration Date]. To ensure continuity of your protected leave status for your ongoing medical condition, we require a renewal of your medical certification.

To process this renewal, please have your healthcare provider complete the attached "Certification of Health Care Provider" form. The documentation must specifically address your need for an intermittent schedule within the clinic environment, including the estimated frequency and duration of episodes.

Please return the completed certification to the Human Resources Department by [Due Date - 15 days from now].

Important Reminders for Clinic Operations:

- **Call-In Procedures:** You must continue to follow the clinic's standard call-in procedures for every absence. When reporting off, you must specifically state that the absence is for "FMLA" purposes.
- **Scheduling:** For planned medical treatments, you are required to make a reasonable effort to schedule appointments so as not to unduly disrupt clinic operations and patient care.
- **Usage Tracking:** All intermittent time taken must be recorded accurately on your timesheet/leave tracking log.

Failure to provide the requested medical certification by the deadline may result in the delay or denial of FMLA protection for your absences.

If you have any questions regarding this renewal process or your FMLA entitlements, please contact the HR Department at [Phone Number/Email].

Sincerely,

[Name]

[Title]

[Clinic/Organization Name]

Attachment: WH-380-E Certification of Health Care Provider