

[Date]

[Employee Name]

[Employee ID]

[Home Address]

[City, State, Zip Code]

Subject: Authorization for Intermittent FMLA Leave for Ongoing Medical Treatment

Dear [Employee Name],

We have reviewed your request for Family and Medical Leave Act (FMLA) leave and the supporting medical certification provided by your healthcare provider. This letter serves as formal notification that your request for intermittent leave is **approved**.

Leave Details:

- **Reason for Leave:** Ongoing medical treatment for a serious health condition.
- **Start Date:** [Start Date]
- **End Date:** [End Date/Recertification Date]
- **Frequency:** [Number] times per [week/month].
- **Duration:** [Number of hours/days] per episode.

Reporting Requirements:

When taking leave under this authorization, you must follow the company's standard call-in procedures. You are required to specify that the absence is for "FMLA" or "your approved intermittent leave" to ensure the time is tracked correctly. Failure to notify the company properly may result in the delay or denial of FMLA protection for those hours.

Scheduling Treatment:

As per FMLA regulations, you must make a reasonable effort to schedule your medical treatments so as not to unduly disrupt company operations, subject to the approval of your healthcare provider.

Documentation:

Please keep a log of your FMLA usage. If the frequency or duration of your absences exceeds what is listed in your medical certification, the company may request a recertification from your healthcare provider.

If you have any questions regarding your leave entitlement or responsibilities, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Name]

[Title]

[Company Name]