[Date]

[Employee Name]
[Clinical Department]
[Employee ID]

Subject: Approval of Intermittent Family and Medical Leave (FMLA)

Dear [Employee Name],

We have reviewed your request for Family and Medical Leave (FMLA) along with the supporting medical certification provided by your healthcare provider. This letter serves as formal notification that your request for an intermittent leave schedule has been approved.

Leave Details:

- **Reason for Leave:** [Own serious health condition / Care for a family member]
- **Approval Period:** From [Start Date] to [End Date]
- **Frequency:** Up to [Number] episodes per [Month/Week]
- **Duration:** Up to [Hours/Days] per episode

Employee Responsibilities:

- **Reporting Absences:** You must follow the standard clinical department call-in procedures for every absence. You must specifically state that the absence is for "FMLA" to ensure it is coded correctly.
- **Scheduling:** To minimize disruption to patient care and clinical operations, you are required to make a reasonable effort to schedule planned medical treatments outside of peak shift hours whenever possible.
- **Time Tracking:** You must accurately record all FMLA hours used in the [Timekeeping System Name].
- **Recertification:** If the frequency or duration of your leave exceeds the amounts listed above, updated medical documentation may be required.

Your job benefits and seniority will be maintained during this period under the same conditions as if you had continued to work. If you have any questions regarding your FMLA entitlement or the reporting process, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Organization Name]