[Date]

[Employee Name]
[Employee ID]
[Address]
[City, State, Zip Code]

Subject: Approval of Family and Medical Leave (FMLA) - Reduced Shift Schedule

Dear [Employee Name],

We have received your request for FMLA leave and the supporting medical certification from your healthcare provider. This letter serves as formal notification that your request for a reduced shift schedule has been approved.

Approved Schedule Details:

- **Effective Start Date:** [Start Date]
- **End Date (Estimated):** [End Date]
- **Modified Shift Hours:** [e.g., 4 hours per day / 3 days per week]
- **Total Hours per Week:** [Number of Hours]

The hours taken off during this period will be deducted from your total FMLA entitlement of 12 weeks (or 480 hours for a full-time employee) per year. You are required to follow standard department call-in procedures for any additional absences not covered by this specific reduced schedule.

Please notify [Contact Name/HR Department] immediately if there are any changes to your medical status or if you are cleared to return to your full shift prior to the end date listed above.

If you have any questions regarding your benefits or your remaining FMLA balance, please contact the Human Resources office.

Sincerely,

[Signature]
[Name of Clinic Representative]
[Title]
[Clinic Name]