[Current Date]

[Manager's Name]
[Department Name]
[Facility/Clinic Name]

RE: Authorization for FMLA Intermittent Leave

Dear [Manager's Name],

This letter is to formally notify you that [Employee Name], who holds the position of Medical Assistant, is authorized to take FMLA leave on an intermittent basis. This leave is being granted in accordance with the Family and Medical Leave Act for a qualifying medical condition.

Leave Details:

- **Effective Date:** [Start Date]
- **Frequency:** Intermittent (as needed per medical certification)
- **Duration:** Expected to continue through [End Date or "Until Further Notice"]

The employee is required to follow standard departmental call-in procedures when utilizing intermittent leave, unless emergency circumstances prevent them from doing so. They must also specify that the absence is for "FMLA purposes" when reporting the time off.

We have instructed the employee to make a reasonable effort to schedule planned medical appointments and treatments in a manner that minimizes disruption to clinic operations and patient care.

Please ensure that this information is kept confidential and that the employee is not penalized for exercising their rights under FMLA. If you have any questions regarding the tracking of these hours or the coordination of coverage, please contact the Human Resources department.

Sincerely,

[Your Name]
[Your Title]
[Human Resources/Benefits Department]