[Company Name]
[Human Resources Department]
[Address]
[City, State, Zip Code]

[Date]

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

Subject: Notification of FMLA Leave Approval - Third Medical Opinion Resolution

Dear [Employee Name],

This letter is to inform you that we have received the results of the third medical opinion examination conducted by [Name of Third Physician] on [Date of Examination].

As you are aware, a third opinion was requested because of conflicting medical certifications regarding your FMLA leave request. Under the Family and Medical Leave Act (FMLA), the third medical opinion is final and binding on both the employer and the employee.

The third-party medical professional has determined that your condition [qualifies/meets the criteria] for FMLA leave. Based on this binding resolution, your request for FMLA leave is hereby **APPROVED**.

Leave Details:

- **Start Date:** [Start Date]
- **End Date:** [End Date/Expected Return Date]
- **Leave Type:** [Continuous / Intermittent]

During your leave, you are required to comply with [Company Name]'s standard call-in procedures and reporting requirements. If your leave is intermittent, you must track all hours used and report them to [Department/Contact Person].

Please note that your job protection and health benefit maintenance will continue during this period as per federal law and company policy. You are expected to return to work on [Return Date]. If you require an extension, you must notify us and provide updated documentation at least [Number] days before your scheduled return.

If you have any questions regarding this decision or your benefits during leave, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of HR Representative]
[Title]