

# Intermittent Leave Notification – No Office Visits

## Sample Letter

Date

Joe Doe  
Street  
City, State ZIP

RE: Family Medical Leave Act (FMLA) Intermittent LOA Designation

Dear *(Employee Name)*,

I am writing today as we have received the necessary information from your health care provider to review your request for certification of an FMLA intermittent leave of absence program for a chronic health condition.

Based on the information shown on the “Certificate of Health Care Provider” signed by your healthcare provider on the \_\_\_\_\_ *(date the CHC was signed - example March 27, 2013)*, absences for treatment to this health condition will be considered eligible for coverage under the Family Medical Leave Act (FMLA). This letter provides you with notification as required by FMLA that an intermittent LOA program has been certified with the following stipulations:

- The frequency and duration of the absences *as* indicated by your healthcare provider are anticipated to be *(example: one (1) day per week with each episode lasting 24 hours)*.
- As per the normal procedures used in your department for reporting any absence, you are required to notify your department of all FMLA absences.
- In the event you find it necessary to be absent for more than as approved above due to your serious health condition, you may be required to provide updated and supporting medical documentation.

This certification is valid through \_\_\_\_\_ *(anticipated FMLA expiration date – not more than 6 months)*. After the expiration of this request on \_\_\_\_\_ *(anticipated FMLA expiration date)* if the need of an intermittent leave for this condition continues a new request for an FMLA intermittent leave program will be required.

I encourage you to keep this letter as a resource and to contact me to discuss any questions. On the attached sheet is specific information regarding FMLA that I encourage you to review closely. If you have any questions, please do not hesitate to contact me.

Sincerely

*Department Head Name*  
*Title*

Cc: Employee Medical Records File