

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Approval of Short-Term Disability Leave

Dear [Employee Name],

We are writing to inform you that your request for Short-Term Disability (STD) leave has been approved. Based on the medical documentation provided, your leave is scheduled as follows:

- **Leave Start Date:** [Start Date]
- **Expected Return to Work Date:** [End Date/Return Date]

During this period, you will receive benefit payments in accordance with our company policy and the terms of our disability insurance provider. Please note that there is a mandatory waiting period of [Number] days before benefit payments begin.

While on leave, you are responsible for:

- Providing updated medical documentation if your recovery period changes.
- Maintaining contact with [Name of Department/Manager] regarding your status.
- Submitting a "Fitness for Duty" certification from your healthcare provider before returning to work.

If you have any questions regarding your benefits, pay, or insurance coverage during this time, please contact the Human Resources department at [Phone Number] or [Email Address].

We wish you a speedy recovery and look forward to your return.

Sincerely,

[Your Name]

[Your Title]

[Company Name]