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

[Date]

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

Subject: Notice of Approval for Workers' Compensation Leave

Dear [Employee Name],

We have received and reviewed your request for leave of absence related to your workers' compensation claim for the injury/illness sustained on [Date of Incident].

This letter serves as official notification that your request for leave has been approved starting on [Start Date]. Your expected return-to-work date is [Return Date], subject to medical clearance from your healthcare provider.

During your absence, the following conditions apply:

- **Benefits:** Your health insurance and other benefits will be maintained under [Company Policy/FMLA regulations] provided you continue to pay your share of the premiums.
- **Communication:** You are required to provide updated medical documentation every [Number] days regarding your recovery status.
- **Return to Work:** Before returning to duty, you must provide a "Fitness for Duty" certification from your physician outlining any physical restrictions or confirming you are cleared for full duty.

If you have any questions regarding your benefits, pay, or the claims process, please contact [Name/Department] at [Phone Number] or [Email Address].

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

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Company Name]