

[Date]

[Employee Name]

[Employee ID]

[Department]

**Subject: Approval of Reasonable Accommodation Leave**

Dear [Employee Name],

This letter is to formally notify you that your request for a reasonable accommodation in the form of a medical leave of absence has been approved.

Based on our interactive process and the documentation provided, your leave is scheduled as follows:

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

During your absence, this leave will be classified as [Paid/Unpaid/FMLA/Short-Term Disability]. You are required to comply with all company policies regarding benefits and communication during this period.

Please notify [Contact Name/HR Department] at least [Number] days prior to your expected return date. You will be required to provide a fitness-for-duty certification or medical release from your healthcare provider before resuming your duties. This release should specify any remaining functional limitations or additional accommodations needed upon your return.

If you need to request an extension of this leave or if your circumstances change, please contact us as soon as possible so we can re-evaluate the accommodation.

We look forward to your return.

Sincerely,

[Your Signature]

[Your Name]

[Your Title]

[Company Name]