[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Approval of Medical Leave of Absence

Dear [Employee Name],

This letter is to formally notify you that your request for a medical leave of absence has been approved. This approval is based on the medical documentation provided to the Human Resources department.

Your leave is scheduled to begin on **[Start Date]** and is currently expected to continue until **[Estimated End Date]**. We understand that your return date may change depending on your recovery and medical advice.

Terms of Leave:

- **Status:** Your leave will be [Paid / Unpaid / Partially Paid via Disability].
- **Benefits:** Your [Health/Dental/Vision] benefits will continue during this period, provided you continue to pay your portion of the premiums.
- **Communication:** Please notify [Manager Name] or Human Resources of any changes to your expected return date at least [Number] days in advance.

Before returning to work, you are required to provide a "Fitness for Duty" certification or a medical release from your healthcare provider. This document should outline any specific work restrictions or accommodations needed upon your return.

We wish you a steady recovery. If you have any questions regarding your benefits or leave status, please contact the HR department at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Company Name]