[Date]

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

Subject: Approval of Family and Medical Leave (FMLA)

Dear [Employee Name],

We are writing to inform you that your request for leave under the Family and Medical Leave Act (FMLA) has been approved. Based on the documentation provided, your leave is qualifying under the following category: [Insert Reason: e.g., Own serious health condition / Care for a family member / Birth or adoption].

Leave Details:

- **Start Date:** [Date]
- **Expected Return Date:** [Date]
- **Leave Type:** [Continuous / Intermittent]

Conditions of Leave:

- **Job Restoration:** Upon return from FMLA leave, you will be restored to your original position or an equivalent position with equivalent pay, benefits, and other employment terms.
- **Benefits:** Your health insurance coverage will be maintained during your leave under the same conditions as if you had continued to work. You are responsible for paying your portion of the health insurance premiums during this period.
- **Paid Leave:** You [are/are not] required to use your accrued paid time off (PTO, sick, or vacation) concurrently with your FMLA leave.
- **Medical Release:** Before returning to work, you [will/will not] be required to present a "Fitness-for-Duty" certificate from your healthcare provider.

Please keep us informed of any changes to your leave status or your expected return date. If you have any questions regarding your benefits or your rights and responsibilities under FMLA, please contact [Name/Department] at [Phone Number/Email].

Sincerely,

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