[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Approval of Educational Leave of Absence

Dear [Employee Name],

We are pleased to inform you that your request for an educational leave of absence has been approved. We support your commitment to further your professional development through [Name of Institution/Program].

Your leave is scheduled to begin on **[Start Date]** and is expected to conclude on **[End Date]**. You are scheduled to return to work on **[Return Date]**.

Please note the following terms regarding your leave:

- **Status:** This leave is [Unpaid/Paid/Partially Paid].
- **Benefits:** [Detail how health insurance or benefits will be handled during this period].
- **Position:** Upon your return, [details regarding job guarantee or similar placement].
- **Reporting:** You are required to provide [quarterly/semester] updates regarding your academic progress.

If there are any changes to your academic schedule that may affect your return date, please notify the Human Resources department at least [Number] days in advance.

We wish you great success in your studies and look forward to the new skills you will bring back to the team.

Sincerely,

[Your Name]
[Your Title]
[Company Name]