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

[Date]

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

Subject: Approval of Short-Term Disability Leave

Dear [Employee Name],

We are writing to inform you that your request for Short-Term Disability (STD) leave has been approved. This approval is based on the medical documentation provided to [Company Name/Insurance Provider].

Your leave is scheduled as follows:

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

During this period, you will receive [Percentage]% of your base salary in accordance with the company's disability policy. Benefits will be paid via [Direct Deposit/Check] on the regular company pay schedule.

Please note the following requirements during your leave:

- **Communication:** You must notify your manager or Human Resources of any changes to your expected return date.
- **Medical Updates:** If your recovery requires an extension beyond the date listed above, updated medical certification must be submitted by [Date/Deadline].
- **Return to Work:** Before returning to active duty, you are required to provide a "Fitness for Duty" certification from your healthcare provider outlining any necessary workplace accommodations.

If you have questions regarding your benefits, please contact [HR Contact Name] at [Phone Number] or [Email Address].

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

Sincerely,

[Signature]
[Name of HR Representative]
[Title]