

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

[Date]

[Employee Name]
[Employee Address]

Subject: Conditional Approval of Maternity Leave

Dear [Employee Name],

We have received your request for maternity leave starting on [Expected Start Date] with an anticipated return date of [Expected Return Date].

We are pleased to inform you that your leave request is conditionally approved, subject to the following requirements:

- Submission of medical certification from your healthcare provider confirming the expected date of delivery.
- Completion of all internal HR leave application forms.
- Finalization of a handover plan for your current projects and responsibilities prior to your departure.

Please note that this approval is based on the information provided to date. Should your leave dates change due to medical necessity, please notify [Department/Manager Name] as soon as possible.

During your leave, your benefits will be handled as follows: [Briefly mention insurance/pay details]. Please contact the HR department to discuss the specific documentation required to finalize this approval.

We wish you all the best during this time.

Sincerely,

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