

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Conditional Approval of Personal Leave of Absence

Dear [Employee Name],

We have reviewed your request for a personal leave of absence starting on [Start Date] and ending on [End Date]. We are pleased to inform you that your request is conditionally approved, subject to the fulfillment of the requirements listed below.

This approval is contingent upon the following:

- [Condition 1: e.g., Submission of completed leave documentation by Date]
- [Condition 2: e.g., Completion of current project handover]
- [Condition 3: e.g., Approval from the Department Head]

Please be advised of the following terms regarding your leave:

- The leave will be [Paid/Unpaid].
- Your benefits will [remain active/be suspended] during this period.
- You are expected to return to work on [Return Date].

Failure to meet the conditions listed above or provide the necessary documentation by [Deadline Date] may result in the rescinding of this approval or the leave being classified as unexcused absence.

Please sign and return a copy of this letter to acknowledge that you understand and agree to these conditions.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

Employee Acknowledgment:

I accept the conditions of this leave of absence as outlined above.

Signature: _____ Date: _____