

[Company Name]  
[Department]  
[Date]

[Employee Name]  
[Employee ID]  
[Address]

**Subject: Conditional Approval of Educational Leave of Absence**

Dear [Employee Name],

We have reviewed your request for an educational leave of absence to pursue [Name of Program/Course] at [Educational Institution]. We are pleased to inform you that your request has been **conditionally approved** for the period starting [Start Date] and ending on [End Date].

This approval is subject to the fulfillment of the following conditions:

- [Condition 1: e.g., Submission of official enrollment verification]
- [Condition 2: e.g., Maintenance of a minimum GPA or passing grade]
- [Condition 3: e.g., Periodic progress reports provided to HR]
- [Condition 4: e.g., Handover of all current projects by Departure Date]

During this leave, your status regarding benefits and seniority will be as follows:

[Insert details regarding health insurance, accrual of leave, or salary status if applicable].

Please note that failure to meet the conditions listed above or failure to return to work on [Return Date] may result in the revocation of this leave and could impact your continued employment with [Company Name].

Please sign and return a copy of this letter to acknowledge your agreement to these terms by [Deadline Date].

Sincerely,

[Manager/HR Name]  
[Title]

**Employee Acknowledgment:**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_