

**Date:** [Date]

**To:** [Employee Name]

**Employee ID:** [ID Number]

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

Dear [Employee Name],

We have received your request for a medical leave of absence starting on [Start Date] with an expected return date of [Return Date].

This letter serves as **conditional approval** for your leave. Final approval is subject to the receipt and review of the following documentation:

- Completed Medical Certification Form from your healthcare provider.
- [List any other specific required forms].

Please submit these documents to the Human Resources department no later than [Due Date]. Failure to provide the required documentation by this date may result in the denial of your leave or the delay of benefit payments.

While on leave, you are required to:

- Notify your supervisor of any changes to your expected return date.
- Provide a "Fitness for Duty" or doctor's release note prior to returning to work.
- [Optional: Specify details regarding insurance premium payments].

Please contact [HR Contact Name] at [Phone/Email] if you have any questions regarding your leave status or the required paperwork.

Sincerely,

[Your Name]

[Your Title]

[Company Name]