

**Date:** [Date]

**To:** [Employee Name]

**Employee ID:** [ID Number]

**Department:** [Department Name]

**Subject: Authorization for Temporary Disability Leave**

Dear [Employee Name],

This letter is to formally notify you that your request for Temporary Disability Leave has been approved. This authorization is based on the medical documentation provided by your healthcare provider on [Date].

**Leave Details:**

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

During your absence, your position will be held in accordance with [Company Policy/State Law/FMLA]. Please note the following requirements regarding your leave:

- **Communication:** You are required to notify [Name of Supervisor/HR Contact] if there are any changes to your expected return date.
- **Documentation:** An updated medical release or "Fitness for Duty" certification from your physician will be required before you are permitted to resume work.
- **Benefits:** [Insert brief statement about insurance premiums or pay status, e.g., "Your health benefits will continue provided you make your required contributions."]

If you have any questions regarding your leave status, benefits, or the return-to-work process, please contact the Human Resources Department at [Phone Number/Email].

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

Sincerely,

[Signature]

[Name of HR Representative]

[Title]

[Company Name]