[Date]

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

Subject: Approval of Leave of Absence - Serious Health Condition

Dear [Employee Name],

We have received your request for a leave of absence and the supporting medical certification provided by your health care provider regarding your serious health condition.

Based on the medical documentation submitted, your request for leave is **APPROVED** under the [Family and Medical Leave Act (FMLA) / Company Policy Name].

The details of your approved leave are as follows:

- **Leave Start Date:** [Start Date]
- **Expected End Date:** [End Date / To be determined]
- **Type of Leave:** [Continuous / Intermittent]

During your absence, you are required to [mention requirements, e.g., use accrued paid time off, check in with HR, etc.]. If your leave is intermittent, you must follow the standard call-in procedures for each absence and track your hours accordingly.

Before returning to work, you [will / will not] be required to present a fitness-for-duty certification from your health care provider confirming that you are able to resume your essential job functions.

If you have any questions regarding your benefits, job restoration rights, or if you need to request an extension of this leave, please contact the Human Resources department at [Phone Number/Email].

We wish you a steady recovery.

Sincerely,

[Signature]
[Sender Name]
[Sender Title]
[Company Name]