

[Date]

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

Subject: Approval of Leave of Absence - Family Member Serious Health Condition

Dear [Employee Name],

We have received your request for a leave of absence to care for your [Relationship to Employee], who is experiencing a serious health condition. We have also received the supporting medical certification provided by the healthcare provider.

This letter is to formally notify you that your leave request has been approved. Your leave is designated as [FMLA/CFRA/Company Policy] leave and will count against your annual entitlement.

The details of your approved leave are as follows:

- **Start Date:** [Start Date]
- **Estimated End Date:** [End Date]
- **Leave Type:** [Continuous / Intermittent]

During this period, you have elected to use [Type of Paid Leave: e.g., Sick, Vacation, PTO] to remain in paid status. Once your paid leave is exhausted, the remainder of your leave will be unpaid.

Regarding your benefits, [Company Name] will continue to maintain your health insurance coverage under the same conditions as if you were working. You will remain responsible for your portion of the benefit premiums, which can be paid via [Payment Method].

Please keep us informed of any changes to your expected return date. If you require an extension, you must provide updated medical documentation at least [Number] days before your current leave expires.

We wish your family member a steady recovery. If you have any questions regarding your leave or benefits, please contact [Name/Department] at [Phone Number/Email].

Sincerely,

[Your Name]
[Your Title]
[Company Name]