

[Date]

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

Subject: Notification of Eligibility for Statutory Leave

Dear [Employee Name],

We are writing to formally acknowledge your request for leave dated [Date of Request] regarding your role as Medical Receptionist at [Clinic/Practice Name].

Based on our records and the information provided, we have determined that you **[are / are not]** eligible for statutory leave under the [Applicable Law, e.g., Family and Medical Leave Act / Statutory Maternity Leave].

Leave Details:

- **Reason for Leave:** [Reason]
- **Proposed Start Date:** [Start Date]
- **Expected End Date:** [End Date]
- **Eligibility Status:** [Eligible / Ineligible]

As a Medical Receptionist, your role is vital to our daily operations. During your absence, your responsibilities will be managed by [Coverage Plan/Colleague Name].

Next Steps:

To finalize this request, please provide the following documentation by [Deadline Date]:

- [Required Document 1, e.g., Medical Certificate]
- [Required Document 2, e.g., Completed Leave Form]

Please note that your entitlement to pay during this period will be governed by [Company Policy/Statutory Requirements]. You are required to keep the practice informed of any changes to your expected return date.

If you have any questions regarding your benefits or the leave process, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Signature]
[Sender Name]

[Title, e.g., Practice Manager]
[Clinic/Practice Name]