

[Date]

[Employee Name]

[Job Title]

[Department]

Subject: Paternity Leave Authorization

Dear [Employee Name],

This letter is to formally approve your request for paternity leave. As per our clinic's policy and your submission, your leave is authorized for the following period:

**Leave Start Date:** [Start Date]

**Leave End Date:** [End Date]

**Expected Return to Work:** [Return Date]

During your absence, your responsibilities will be covered by [Name of Colleague/Temp Staff]. Please ensure that all patient files and pending administrative tasks are handed over prior to your departure.

If there are any changes to your expected return date, please notify the Clinic Manager as soon as possible. We wish you and your family the very best during this time.

Sincerely,

[Signature]

[Name of Medical Director/HR Manager]

[Clinic Name]