[Date]

[Employee Name]
[Employee ID]
[Department/Unit]

Subject: Confirmation of Newborn Bonding Leave

Dear [Employee Name],

This letter is to formally confirm the approval of your Newborn Bonding Leave. We congratulate you on the new addition to your family.

Based on your application and the documentation provided, your leave details are as follows:

- **Leave Start Date:** [Start Date]
- **Expected Return to Work Date:** [Return Date]
- **Leave Type:** [Paid/Unpaid/FMLA/State Specific]

During your absence, your medical credentials and staff privileges will remain in active status; however, you are requested to complete any pending medical records or documentation before your start date.

Please notify [Human Resources/Department Head] at least [Number] days in advance if there are any changes to your expected return date. If you require an extension, additional medical certification or documentation may be required.

Upon your return, please check in with [Department/Occupational Health] to complete any necessary re-orientation or scheduling updates.

We wish you and your family the very best during this special time.

Sincerely,

[Signature]
[Name of Authorized Official]
[Title]
[Facility Name]