[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Approval of Maternity Leave

Dear [Employee Name],

This letter is to formally confirm the approval of your maternity leave request. Based on the documentation provided, your leave is scheduled as follows:

- **Leave Start Date:** [Date]
- **Estimated Return to Work Date:** [Date]

During your absence, your leave will be classified as [FMLA/Short-Term Disability/Paid Parental Leave/Unpaid Leave]. Regarding your benefits:

- **Pay:** You will receive [Details of percentage of pay or use of PTO].
- **Insurance:** Your health benefits will continue during this period, provided you continue to pay your portion of the premiums.
- **Communication:** Please notify the Benefits Department if there are any changes to your expected return date.

Upon the birth of your child, please remember to contact HR within [Number] days to add your newborn to your insurance policy, as this is considered a qualifying life event.

If you have any questions regarding your benefits or leave status, please contact me directly at [Phone Number] or [Email Address].

Best regards,

[Your Name]
Benefits Coordinator
[Company Name]