[Company Letterhead]

[Current Date]

[Recipient Name or "To Whom It May Concern"]
[Recipient Address]
[City, State, Zip Code]

Subject: Verification of Leave of Absence Status

Dear [Recipient Name],

This letter is to formally verify the employment and leave status of [Employee Full Name].

[Employee Name] is currently employed at [Company Name] in the position of [Job Title]. We wish to confirm that the employee is on an authorized leave of absence starting from [Start Date of Leave].

The leave is currently scheduled to conclude on [Expected Return Date]. During this period, the employee's status is [Active/Inactive] and they [Are/Are Not] receiving compensation via [Company Payroll/Short-Term Disability/Other].

Upon the conclusion of this leave, [Employee Name] is expected to return to their position as [Job Title], subject to company policy and any required medical clearances.

If you require any further information or additional documentation, please contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name]
[Title]
[Company Name]