

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Approval of Medical Leave of Absence

Dear [Employee Name],

This letter is to formally notify you that your request for a medical leave of absence has been approved. This approval is based on the medical documentation provided.

Your leave is scheduled to begin on [Start Date] and is expected to continue until [End Date/Return Date].

During your absence, the following terms apply:

- **Status:** Your leave will be classified as [Paid/Unpaid/FMLA/Sick Leave].
- **Benefits:** Your health insurance and other benefits will [remain active/be subject to specific conditions].
- **Communication:** Please notify [Manager Name or HR] if there are any changes to your expected return date.

Prior to your return to work, you are required to provide a "Fitness for Duty" certification or a medical release from your healthcare provider confirming that you are able to resume your duties.

We wish you a steady recovery. If you have any questions regarding your benefits or leave status, please contact the Human Resources department.

Sincerely,

[Your Name]

[Your Title]

[Company Name]