[Company Name]
[Department]
[Date]

To: [Employee Name]
Employee ID: [ID Number]

Subject: Approval of Leave of Absence

Dear [Employee Name],

We are writing to formally approve your request for a leave of absence. Based on our records and the documentation provided, your leave has been authorized as follows:

- **Leave Type:** [e.g., Medical, Personal, FMLA, Parental]
- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Expected Return to Work Date:** [Return Date]

During your absence, your leave will be [Paid / Unpaid / Partially Paid]. You are expected to adhere to the company's policies regarding communication and reporting during this period. If there are any changes to your expected return date, please notify [Manager Name or HR Department] at least [Number] days in advance.

Upon your return, please report to [Manager Name/HR] to complete any necessary return-to-work procedures.

We wish you the best during your time away and look forward to your return.

Sincerely,

[Your Name]
[Your Title]
[Company Name]