

[Current Date]

[Employee Name]

[Employee ID]

[Current Department]

Subject: Approval of Medical Hardship Transfer Request

Dear [Employee Name],

We have reviewed your request for a medical hardship transfer, along with the supporting documentation provided. We are pleased to inform you that your request has been approved.

Your transfer details are as follows:

- **New Position:** [New Job Title]
- **New Department/Location:** [New Department or Office Location]
- **Effective Date:** [Start Date of Transfer]
- **Reporting Manager:** [Manager Name]

This transfer is intended to accommodate your documented medical needs while ensuring you can continue to perform the essential functions of your role. Your current compensation and benefits will [remain the same / be adjusted as follows:].

Please coordinate with your current supervisor and the Human Resources department to finalize your transition plan. We wish you the best in your new location.

Sincerely,

[Name of HR Representative]

[Title]

[Company Name]