

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Current Department: [Insert Current Department]

Subject: Approval of Internal Medical Hardship Transfer

Dear [Employee Name],

We have completed the review of your request for an internal transfer based on medical hardship, submitted on [Date of Request]. Based on the documentation provided and our internal assessment, we are pleased to inform you that your request has been approved.

The details of your new assignment are as follows:

- **New Position:** [Insert Job Title]
- **New Department:** [Insert New Department]
- **Supervisor:** [Insert Supervisor Name]
- **Effective Date:** [Insert Start Date]
- **Work Location:** [Insert New Location/Office]

Your current compensation and benefits will [remain unchanged / be adjusted as follows: Insert Changes]. All other terms of your employment contract remain in effect.

Please coordinate with your current supervisor and the Human Resources department to ensure a smooth transition of your current responsibilities by [Insert Transition End Date].

If you have any questions regarding this transfer or require further accommodations, please contact the HR department at [Insert Phone Number/Email].

We wish you the best in your new role.

Sincerely,

[Your Name]

[Your Title]

[Company Name]