

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Department: [Insert Department]

Subject: Approval of Relocation Request due to Family Medical Hardship

Dear [Employee Name],

We are writing to formally notify you that your request for relocation based on family medical hardship has been reviewed and approved.

We understand the challenges you are currently facing regarding the health and well-being of your family member. Your request to transfer from [Current Office/Location] to [New Office/Location] is granted to ensure you can provide the necessary care and support during this time.

Relocation Details:

- **Effective Date of Transfer:** [Insert Date]
- **New Reporting Manager:** [Insert Manager Name]
- **Position/Title:** [Insert Title - State if it remains the same or changes]
- **Remote/Office Status:** [Specify if working from home or a specific branch]

Please coordinate with the Human Resources department regarding the transition of your files, updated payroll information, and any applicable relocation assistance as per company policy. You are expected to complete your current outstanding tasks at your present location by [Insert End Date].

We value your contributions to [Company Name] and wish you and your family the very best during this difficult period.

Sincerely,

[Your Name]

[Your Title]

[Company Name]