

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID Number]

Current Department: [Insert Current Department]

Subject: Approval of Permanent Medical Hardship Transfer

Dear [Employee Name],

We are writing to formally notify you that your request for a permanent medical hardship transfer has been reviewed and approved. This decision was made following a thorough evaluation of the medical documentation provided and the availability of suitable positions within the organization.

Your transfer details are as follows:

- **New Position Title:** [Insert Job Title]
- **New Department:** [Insert New Department]
- **Effective Date:** [Insert Date]
- **Reporting Manager:** [Insert Manager Name]
- **Work Location:** [Insert New Location/Remote Status]

Because this is a permanent transfer based on medical hardship, your current role will be backfilled, and you will not be required to return to your previous position. Your current salary and benefits will [remain the same / be adjusted to (Insert Details)], as discussed during our meeting.

Please coordinate with your current supervisor to finalize your outstanding tasks and arrange for the transition of your equipment and files. You are expected to report to your new department on the effective date mentioned above.

If you have any questions regarding your new assignment or the transfer process, please contact the Human Resources department at [Insert Phone Number/Email].

We wish you the best in your new role.

Sincerely,

[Signature]

[Name of HR Representative/Manager]

[Title]

[Company Name]