

[Date]

[Employee Name]  
[Employee Address]  
[City, State, Zip Code]

Subject: Approval of Out-of-State Medical Hardship Transfer

Dear [Employee Name],

We have reviewed your request for an out-of-state transfer based on medical hardship, along with the supporting documentation provided. We are pleased to inform you that your request has been approved.

Effective [Start Date], your position will be officially transferred to our office located in [New City, State]. Your role and responsibilities will remain [Same / Adjusted as follows: Description]. Your compensation and benefits will [Remain unchanged / Be updated according to local state regulations].

Please note the following details regarding your transition:

- Reporting Supervisor: [Supervisor Name]
- Work Arrangement: [Remote / Hybrid / In-Office]
- Relocation Assistance: [Details of assistance or "Not provided"]

You are required to coordinate with the Human Resources department by [Date] to complete necessary tax and payroll documentation for your new state of residence.

We understand the challenges you are facing and hope that this transfer provides the necessary support for your medical situation. If you have any questions regarding the logistics of this move, please contact [HR Contact Name] at [Phone/Email].

Sincerely,

[Signature]  
[Name of Approving Officer]  
[Title]  
[Company Name]