

[Date]

[Employee Name]

[Employee ID]

[Current Department/Location]

Subject: Approval of Dependent Care Medical Hardship Transfer Request

Dear [Employee Name],

We are writing to formally notify you that your request for a medical hardship transfer based on dependent care requirements has been approved.

After reviewing the medical documentation provided and evaluating current operational needs, we have identified a placement that accommodates your request. Your transfer details are as follows:

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

Please note that while your work location or department is changing, your current seniority, benefits, and base salary will remain [unchanged / adjusted as per the new role].

You are expected to report to your new location on the effective date mentioned above. Please coordinate with your current supervisor to ensure a smooth transition of your current duties before your departure.

If you have any questions regarding the logistics of this transfer or your new assignment, please contact the Human Resources Department at [Phone Number/Email].

We wish you the best in your new location and hope this transfer provides the necessary support for your family situation.

Sincerely,

[Signature]

[Name of HR Representative]

[Title]

[Company Name]