

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID Number]

Current Department: [Insert Current Department]

Subject: Approval of Interdepartmental Medical Hardship Transfer

Dear [Employee Name],

We are pleased to inform you that your request for an interdepartmental transfer based on medical hardship has been approved. This decision follows a review of your application and the supporting medical documentation provided.

The details of your new assignment are as follows:

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

Your current seniority, benefits, and accrued leave balances will remain unaffected by this transfer. You are requested to coordinate with your current supervisor to finalize any outstanding tasks before your start date in the new department.

Please sign and return a copy of this letter to the Human Resources Department by [Insert Date] to confirm your acceptance of this transfer.

We wish you the best in your new role and hope this transition supports your health and well-being.

Sincerely,

[Your Name]

[Your Title]

[Department Name]

Acknowledgment:

I accept the transfer as outlined above.

[Employee Signature] / [Date]