

**Date:** [Insert Date]

**To:** [Employee Name]

**Employee ID:** [Insert ID Number]

**Current Department:** [Insert Department Name]

**Subject: Approval of Emergency Medical Hardship Transfer**

Dear [Employee Name],

This letter is to formally notify you that your request for an Emergency Medical Hardship Transfer has been reviewed and approved.

Based on the medical documentation provided and the urgency of your situation, the following transfer arrangements have been finalized:

- **New Work Location/Facility:** [Insert Location Name]
- **New Department:** [Insert Department Name]
- **Effective Date of Transfer:** [Insert Date]
- **Reporting Manager:** [Insert Manager Name]

Please coordinate with your current supervisor to complete any pending tasks and facilitate the handover of your current responsibilities before your start date at the new location.

Human Resources will contact you shortly regarding any administrative updates to your personnel file or changes in commuting benefits, if applicable. If you have any questions regarding this transition, please contact [HR Contact Name] at [Phone Number/Email].

We wish you the best with your medical recovery and your new assignment.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]