

[Your Name]
[Your Position]
[Your Company/Organization]
[Company Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Employee's Name]
[Employee's Position]
[Employee's Department]
[Employee's Address]
[City, State, Zip Code]

Dear [Employee's Name],

Subject: Approval of Medical Leave

I hope this message finds you well. We have received your request for medical leave dated [date of request] and the supporting documentation. After careful consideration, I am pleased to inform you that your medical leave has been approved.

Your leave will commence on [start date] and will conclude on [end date]. Please ensure that you provide any necessary updates regarding your condition and return to work date, as per our company policy.

If you have any questions or need further assistance during your leave, do not hesitate to reach out. We wish you a speedy recovery.

Best regards,

[Your Name]
[Your Position]
[Your Company/Organization]