

Relocation Confirmation Letter

Date: [Date]

[Recipient's Name]

[Recipient's Title]

[Healthcare Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that your relocation request has been approved. Your new position will be at [New Location/Facility Name], effective [Start Date]. We are excited to support your transition and ensure that you feel at home in your new role.

Please find the details regarding your relocation:

- **New Position Title:** [Position Title]
- **New Facility Address:** [New Facility Address]
- **Contact Person:** [Contact Name], [Contact Title], [Contact Phone]

We understand that moving can be a complex process, and we are here to assist you every step of the way. Should you have any questions or need further assistance, please do not hesitate to reach out.

We look forward to welcoming you to your new position.

Sincerely,

[Your Name]

[Your Title]

[Your Healthcare Facility Name]

[Your Contact Information]