

# Maternity Leave Confirmation Letter

Date: [Insert Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Dear [Employee Name],

This letter serves as confirmation of your maternity leave request submitted on [Insert Application Date]. We have reviewed your request, and it has been approved.

Your maternity leave will commence on [Start Date] and will continue until [End Date]. Your expected return to work date is [Return Date]. Please ensure that you complete any necessary handovers before your leave begins.

If you have any questions or need assistance during your leave, please do not hesitate to reach out to [HR Contact Name] at [HR Contact Information].

Wishing you all the best during this exciting time.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]