

# Leave Balance Confirmation

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Employee ID]

Department: [Department Name]

Dear [Employee Name],

We are writing to confirm your current leave balance as requested. As of [Insert Date], your leave balance is as follows:

- Annual Leave: [Number of Days]
- Sick Leave: [Number of Days]
- Casual Leave: [Number of Days]

Please let us know if you have any further questions or require additional information.

Best regards,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]