

Sick Leave Authorization

Date: [Insert Date]

To: [Employee Name]

[Employee Address]

Dear [Employee Name],

This letter serves as confirmation of your sick leave request submitted on [Insert Request Date]. We have approved your leave from [Start Date] to [End Date] due to your medical condition, as recommended by your healthcare provider.

Please ensure that you complete any pending tasks and prepare your responsibilities before your leave begins. If possible, keep in touch with the team regarding any urgent matters that may arise during your absence.

Warm regards,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]