

Leave Approval Letter

Date: [Insert Date]

To,

[Employee's Name]
[Employee's Position]
[Department]
[Company Name]

Dear [Employee's Name],

We have received your request for health-related leave, and after reviewing your application and the accompanying medical documentation, we are pleased to inform you that your leave has been approved.

Your leave will commence from [Start Date] and will extend through [End Date]. Please ensure that you complete any outstanding work before your leave begins, and inform your team about your absence.

We wish you a speedy recovery and look forward to your return on [Return Date]. If you have any further questions or need assistance, please feel free to reach out.

Best regards,

[Your Name]
[Your Position]
[Department]
[Company Name]
[Contact Information]