

Medical Leave Confirmation

Date: [Insert Date]

To: [Employee Name]

Department: [Employee Department]

Dear [Employee Name],

We are writing to confirm your medical leave request. Your leave has been approved from [Start Date] to [End Date]. During this time, you are not required to report to work.

Please ensure to provide any necessary documentation upon your return. Your health and well-being are important to us, and we hope you have a smooth recovery.

If you have any questions or require further assistance, feel free to reach out to HR.

Wishing you a quick recovery.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]