

Medical Leave Acknowledgment

Date: [Insert Date]

To: [Employee's Name]

[Employee's Address]

Dear [Employee's Name],

We acknowledge receipt of your request for medical leave dated [Insert Request Date]. Your leave has been approved from [Start Date] to [End Date]. We hope for your quick recovery and look forward to your return.

Please ensure that you complete the necessary documentation and provide any required updates regarding your health status during this time.

If you have any questions, feel free to contact the HR department.

Wishing you a speedy recovery.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Contact Information]