

Medical Leave Policy Overview

Date: [Insert Date]

Dear [Employee Name],

We understand that health issues can arise unexpectedly, and we value your wellbeing. This letter serves as an overview of our Medical Leave Policy.

Eligibility

All full-time employees are eligible for medical leave after [Insert Duration] of employment.

Leave Duration

Employees are entitled to a maximum of [Insert Duration] of medical leave per calendar year.

Application Process

To apply for medical leave, please complete the following steps:

1. Notify your supervisor at least [Insert Notification Period] prior to taking leave.
2. Submit a completed medical leave request form.
3. Provide a doctor's note if the leave exceeds [Insert Number] days.

Compensation

Medical leave may be paid or unpaid depending on the duration and company policy. Please refer to the employee handbook for details.

Return to Work

Upon return, please provide a doctor's clearance note if applicable.

If you have any questions regarding this policy, please do not hesitate to reach out to the HR department.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]
[Your Position]
[Company Name]