

# Medical Leave Confirmation

Date: [Insert Date]

To,

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

This letter is to formally confirm your medical leave request from [Start Date] to [End Date]. As per our records, you are expected to return to work on [Return Date].

Please ensure that all relevant documentation regarding your medical leave is submitted to the HR department upon your return.

If you have any further questions or require assistance, feel free to contact us.

Wishing you a smooth recovery!

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]