

Medical Leave Approval

Subject: Medical Leave of Absence Approved

Dear [Employee Name],

We have received and reviewed your medical leave of absence request submitted on [Date]. Based on the medical documentation provided, your leave has been approved under [FMLA/Company Medical Leave Policy].

Your medical leave will begin on [Start Date] and is approved for [Duration]. This leave qualifies as job-protected leave, and your position will remain available upon your return.

During your medical leave, your health insurance benefits will continue with the same coverage. You are responsible for your portion of the premium payments, which can be arranged through [Payment Method].

Please keep HR informed of your recovery progress and provide medical clearance from your healthcare provider before returning to work. If you require an extension, submit a request along with updated medical documentation at least [Number] days before your scheduled return date.

We support you during this time and hope for your swift recovery.

Best regards,

[HR Manager Name]

[Human Resources Department]

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