[Date]

[Employee Name]

[Employee Address]

[City, Province, Postal Code]

Dear [Employee Name],

**Subject: Leave of Absence Confirmation**

We are writing to confirm the approval of your request for a medical leave of absence from your role as [Employee's Position/Title] with [organization name]

Based on the documentation provided and in accordance with our company policies and applicable employment laws, your leave will be effective from [Start Date of Leave] and is expected to continue until [End Date of Leave or "until further notice" if the end date is not specified].

**Leave Details:**

Type of Leave: Medical Leave of Absence

Paid/Unpaid Status: [Specify if the leave will be paid or unpaid]

Benefits Status: [Specify the continuation or suspension of benefits, if applicable]

Please note that during your leave, it is important to keep us informed of any changes in your situation or if there is a need to extend the leave period. Should you require an extension, please submit a request along with any necessary updated medical documentation as soon as possible before the anticipated end date of your current leave.

Upon your return to work, as applicable, please be prepared to present a functional abilities form completed by your healthcare provider. If any accommodations are required to facilitate your return, they will be discussed and arranged prior to your return date. In accordance with applicable human rights laws, we will not request any information which does not pertain directly to your return to work abilities.

We value your contributions to [Organization Name] and wish you a smooth and healthy recovery. Should you have any questions or need further assistance during your leave, do not hesitate to contact [Manager/HR Representative Name] at [Contact Information].

Thank you for your attention to this matter, and we look forward to welcoming you back at the conclusion of your leave.

Sincerely,

[Manager/HR Representative Name]

[Manager/HR Representative Title]

[organization name]

[Manager/HR Representative Signature, if sending a hard copy]

cc: [Any other relevant parties, such as HR Department, Payroll Department]