

Thomas Livee

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Date: [Insert Date]

Dear [Recipient's Name],

This letter is to confirm that your request for medical leave has been approved in accordance with company policy.

The approved medical leave details are as follows:

Employee Name: Alex Johnson

Type of Leave: Annual Leave

Medical Leave Start Date: June 3, 2024

Medical Leave End Date: June 14, 2024

Total Leave Days: 10

You are expected to resume work on May 21, 2024, subject to submission of a valid medical fitness or clearance certificate, if applicable.

Please ensure that all necessary work handovers are completed prior to the commencement of your leave. During your absence, you may be required to keep the company informed of any changes to your expected return date.

We wish you a smooth recovery and good health.

Should you require any assistance or clarification, please contact Human Resources.

Sincerely,

Thomas Livee

Chief Technology Officer

