

## Sample Approval Notification Letter

UH Letter head

Date

Name  
Address  
City, State Zip code

Dear Name,

The purpose of this letter is to inform you that we reviewed your leave share request. After careful review of the eligibility criteria and the certification from the physician, we have found you eligible for leave share and your request for leave share has been approved.

An e-mail will be sent out to fellow colleagues seeking leave sharing donation on your behalf. You may request up to three (3) months of leave share at a time and the physician shall be required to re-certify your condition with each request.

If you have any questions, please feel free to contact me at (phone number).

Sincerely,

Name  
Human Resources Representative