

# Letter of Compassion



Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

To Whom it May Concern:

I am writing to inform you that \_\_\_\_\_ has recently experienced a pregnancy loss. This is an incredibly difficult and emotional time as they navigate through this period of grief and recovery.

Due to the profound emotional and physical impact of this loss, I recommend that \_\_\_\_\_ be granted a leave of absence from work to allow them the necessary time to heal and receive support.

Thank you for your understanding and support during this challenging time.

Sincerely,

\_\_\_\_\_