[Your Name]
[Your Job Title]
[Your Phone Number]

[Date]

[Manager Name]
[Company Name]
[Company Address]

Re: Notice of Return to Work - Workers Compensation Claim #[Claim Number]

Dear [Manager Name],

I am writing to formally notify you that I have been cleared by my medical provider to return to work following my workers' compensation leave, which began on [Start Date of Leave].

My official return date will be [Return Date].

Based on my medical evaluation, I am returning under the following status:

[Select one option below]

- Full Duty: I have been cleared to return to my regular position without any physical restrictions.
- Modified Duty: I have been cleared to return with specific restrictions as outlined in the attached medical release form. These restrictions are expected to last until [Date].

I have attached the "Return to Work" certification from my physician for your records. Please let me know if there are any specific procedures or meetings I need to attend on my first day back.

I look forward to resuming my duties.

Sincerely,

[Your Signature]

[Your Printed Name]