

[Your Name]  
[Your Job Title]  
[Company Name]  
[Date]

[Manager Name or HR Representative]  
[Company Name]  
[Company Address]

**Subject: Notification of Return to Work with Light Duty Accommodations**

Dear [Recipient Name],

I am writing to formally notify you that I have been cleared by my healthcare provider to return to work on [Date]. My physician has recommended that I return under a light duty status with specific medical restrictions for a period of [Duration/Until Next Evaluation Date].

According to my medical provider, my current restrictions include:

- [Restriction 1, e.g., No lifting over 10 lbs]
- [Restriction 2, e.g., Limited standing or walking]
- [Restriction 3, e.g., Reduced working hours]

I have attached the formal medical release documentation from my doctor which outlines these requirements in detail. I am eager to return to the team and am fully committed to performing my duties within these safety parameters.

Please let me know if there are specific forms I need to complete or if we need to schedule a meeting to discuss how these accommodations will be implemented within my role. I look forward to your confirmation regarding my return.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Phone Number]