

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Dear [Employee Name],

This letter is to formally acknowledge your scheduled return to work following your Family and Medical Leave Act (FMLA) leave, which began on [Leave Start Date].

Based on the medical certification provided and our records, your FMLA leave is designated as follows:

- **Total FMLA Time Used:** [Number of Weeks/Days]
- **Official Return to Work Date:** [Date]
- **Job Position:** [Position Title]

Upon your return, you will be reinstated to your same position or an equivalent position with equivalent pay, benefits, and other employment terms, as required by law.

Fitness-for-Duty Requirement:

[Select one: Before returning to work, you must provide a medical release from your healthcare provider certifying that you are able to resume your essential job functions. / No medical release is required for your return.]

Please report to [Department/Manager Name] at [Time] on your scheduled return date. If there are any changes to your ability to return on this date, you must notify [Human Resources/Manager Name] immediately.

We look forward to your return to the team.

Sincerely,

[Your Name]
[Your Title]
[Company Name]