[Date]

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

Subject: Return to Work Timeline

Dear [Employee Name],

We are writing to formally outline the timeline and requirements for your return to work following your leave of absence which began on [Leave Start Date].

Based on our records and recent communications, your scheduled return date is [Return Date]. On this date, you are expected to report to [Department/Location] at [Time].

To ensure a smooth transition, please note the following requirements:

- **Medical Clearance:** Please provide a "Fitness for Duty" certification from your healthcare provider by [Deadline Date].
- **Work Restrictions:** If you require specific accommodations or have physical restrictions, these must be documented by your physician and submitted to HR for review.
- **Re-orientation:** On your first day back, you will meet with [Supervisor Name] to discuss current projects and any updates to company policy.

If there are any changes to your recovery status that may impact this timeline, please notify Human Resources immediately at [Phone Number] or [Email Address].

We look forward to your return to the team.

Sincerely,

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