[Date]

[Employer Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Re: Return to Work Notice - [Employee Name]
Claim Number: [Claim Number]

Dear [Manager Name or HR Department],

This letter is to formally notify you that I have been cleared by my healthcare provider to return to work following my industrial injury on [Date of Injury].

I am scheduled to return on [Date of Return]. Based on the medical evaluation provided by [Doctor's Name], my return to work status is as follows:

[Option 1: Full Duty]
I have been cleared for full duty with no medical restrictions.

[Option 2: Modified Duty]
I have been cleared for modified duty with the following restrictions: [List restrictions, e.g., no lifting over 10 lbs, limited standing, etc.]. These restrictions are expected to remain in place until [Date or Next Evaluation].

Please find the attached Work Status Report/Medical Release form from my physician. Please let me know if there are any specific procedures I need to follow on my first day back or if you wish to discuss reasonable accommodations regarding my restrictions.

Thank you for your support during my recovery.

Sincerely,

[Employee Signature]
[Employee Printed Name]
[Phone Number]

Attachment: [Medical Release Form / Work Status Report]