[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Manager's Name]
[Company Name]
[Company Address]

Subject: Return to Work Following Maternity Leave - Physical Restrictions

Dear [Manager's Name],

I am writing to confirm my intention to return to my position as [Your Job Title] on [Return Date] following my maternity leave.

I am eager to rejoin the team; however, my healthcare provider has advised that I return with certain physical restrictions to ensure a safe recovery. These restrictions are expected to be in place until [Expected End Date or Date of Next Review].

My medical provider has outlined the following limitations:

- [Restriction 1: e.g., No lifting items over 10 lbs]
- [Restriction 2: e.g., Limited standing or walking for more than 30 minutes at a time]
- [Restriction 3: e.g., Restricted climbing of stairs or ladders]
- [Restriction 4: e.g., Frequent breaks for stretching or rest]

I have attached a formal note from my doctor detailing these requirements. I am happy to discuss how we can temporarily adjust my duties or arrange for reasonable accommodations to ensure I can perform my role effectively while adhering to these safety guidelines.

Please let me know if we can schedule a brief meeting to discuss my transition back to the workplace. Thank you for your support during this time.

Sincerely,

[Your Signature]

[Your Printed Name]