Date: [Date]

To: [Supervisor Name / HR Department]
From: [Your Name]
Employee ID: [Your ID Number]

Subject: Return to Work with Ergonomic Accommodations

Dear [Recipient Name],

I am writing to formally notify you of my intent to return to work on [Date] following my medical leave. My healthcare provider has cleared me to resume duties with specific physical restrictions and requirements for ergonomic accommodations to ensure a safe and sustainable return to the workplace.

Based on my medical evaluation, I require the following ergonomic accommodations:

- [Item 1: e.g., Sit-stand adjustable desk]
- [Item 2: e.g., Ergonomic chair with lumbar support]
- [Item 3: e.g., Vertical mouse and split keyboard]
- [Item 4: e.g., Monitor risers to maintain eye level]

Additionally, I have the following physical restrictions:

- [Restriction 1: e.g., No lifting over 10 lbs]
- [Restriction 2: e.g., Requirement to stretch or walk for 5 minutes every hour]
- [Restriction 3: e.g., Limited repetitive typing for more than 45 minutes at a time]

I have attached the formal documentation from my medical provider detailing these requirements. I am committed to performing my job duties effectively and would like to meet with you or an HR representative to discuss the implementation of these accommodations before my return date.

Thank you for your support in facilitating my transition back to work.

Sincerely,

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