

Date: [Date]

To: [Employer Name / HR Department]

From: [Physician Name]

Re: Graduated Return to Work Plan for [Employee Name]

Dear [Name],

I am the treating physician for [Employee Name]. They are cleared to return to work on [Start Date] following a medical leave. Due to current cognitive limitations, I recommend a Graduated Return to Work (GRTW) schedule combined with specific cognitive accommodations to ensure a sustainable recovery.

1. Graduated Schedule:

- **Week 1 & 2:** [Number] hours per day, [Number] days per week.
- **Week 3 & 4:** [Number] hours per day, [Number] days per week.
- **Week 5:** Return to full-time hours, pending clinical review.

2. Cognitive Accommodations:

- **Task Management:** Provide written instructions for all verbal requests and limit multitasking.
- **Environment:** Provide a quiet workspace or noise-canceling headphones to minimize distractions.
- **Pacing:** Allow for a 5-10 minute cognitive break every 60-90 minutes of focused work.
- **Memory Support:** Allow the use of digital organizers, checklists, or recording devices for meetings.
- **Deadlines:** Provide flexible deadlines or additional time for complex projects during the transition period.

3. Review Date:

I will reassess [Employee Name] on [Follow-up Date] to determine if further restrictions or modifications are necessary.

Please contact my office at [Phone Number] if you have any questions regarding these recommendations.

Sincerely,

[Physician Signature]

[Physician Name, Credentials]

[Clinic Name]