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

[Date]

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

Dear [Manager's Name],

I am writing to formally notify you that I have been cleared by my physician to return to work on [Date] following my recent major surgery.

While I am eager to resume my duties, my medical provider has recommended a period of light-duty transition to ensure a safe and full recovery. Based on the attached medical documentation, I require the following accommodations for the period of [Start Date] to [End Date]:

- [Restriction 1: e.g., No lifting over 10 lbs]
- [Restriction 2: e.g., Limited standing or walking for more than 30 minutes]
- [Restriction 3: e.g., Frequent breaks to manage discomfort]
- [Restriction 4: e.g., Reduced shift hours]

I am confident that I can perform the essential functions of my role with these temporary adjustments. I would like to schedule a brief meeting to discuss how we can best implement these accommodations and review my assigned tasks during this period.

Thank you for your support and understanding during my recovery.

Sincerely,

[Your Signature]

[Your Printed Name]