[Employee Name]
[Employee Address]
[City, State, Zip Code]
[Date]

[Manager Name]
[Company Name]
[Company Address]

Re: Return to Work and Modified Shift Schedule Request

Dear [Manager Name],

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

To ensure a safe and sustainable transition back to my full duties, my physician has recommended a temporary modified shift schedule for a period of [Number] weeks. This modification will allow me to manage recovery-related fatigue and physical limitations while still contributing to the team.

My proposed temporary schedule is as follows:

- [Date/Week 1]: [Specific hours or shifts]
- [Date/Week 2]: [Specific hours or shifts]
- [Date/Week 3]: [Expected return to full hours]

I have attached a medical note from my doctor outlining these recommendations and any specific physical restrictions. I am committed to completing my tasks during these hours and am happy to discuss how we can best manage my workload during this transition.

Thank you for your support during my recovery. I look forward to returning to the team.

Sincerely,

[Employee Signature]
[Employee Printed Name]