[Your Name]
[Your Job Title]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]

[Manager's Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Manager's Name],

I am writing to formally confirm my intention to return to work on [Start Date] following my recent major surgery and subsequent medical leave.

Based on the recommendations from my medical practitioner, I would like to propose a graduated phased return to work plan. This plan is designed to ensure a safe and sustainable transition back to my full duties while I continue my recovery. My proposed schedule is as follows:

- **Week 1:** [e.g., 3 days per week, 4 hours per day]
- **Week 2:** [e.g., 4 days per week, 6 hours per day]
- **Week 3:** [e.g., 5 days per week, 6 hours per day]
- **Week 4:** Return to full contracted hours and duties.

During this period, I may require the following temporary adjustments to my role: [e.g., no heavy lifting, limited standing, or frequent rest breaks]. I have attached a copy of my Fit Note/medical certificate outlining these recommendations.

I am eager to rejoin the team and contribute to our current projects. I am happy to meet with you to discuss this plan further and make any necessary adjustments to ensure it aligns with the needs of the department.

Thank you for your support during my recovery.

Sincerely,

[Your Signature]

[Your Printed Name]