Date: [Insert Date]

To: [Supervisor Name / HR Department]
Company: [Company Name]

Subject: Return to Work with Restrictions - [Employee Name]

Dear [Recipient 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.

While I am ready to resume my duties, my physician has identified specific workplace hazard restrictions to ensure a safe recovery. Please find the required accommodations listed below:

- **Lifting Restrictions:** No lifting, pulling, or pushing objects over [Number] pounds.
- **Movement Restrictions:** Avoid [e.g., prolonged standing, bending, climbing ladders, or reaching overhead].
- **Environmental Hazards:** Avoid exposure to [e.g., heavy machinery, high-vibration tools, or extreme temperatures].
- **Schedule Adjustments:** [e.g., Frequent rest breaks or shortened shifts if applicable].

These restrictions are currently set to remain in effect until [End Date or Next Evaluation Date].

I have attached the formal medical release documentation from my surgeon for your records. I am committed to fulfilling my role while adhering to these safety guidelines and am available to discuss how these adjustments will be managed within the department.

Thank you for your support during my recovery.

Sincerely,

[Employee Signature]
[Employee Printed Name]
[Employee ID Number]