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

[Date]

[Supervisor's Name]
[Company Name]
[Company Address]

Re: Return to Work and Medical Restrictions for [Your Name]

Dear [Supervisor's Name],

I am writing to formally notify you that my physician has cleared me to return to work on [Date] following my recent major surgery. While I am eager to resume my duties, my return is subject to specific medical restrictions regarding lifting and mobility to ensure a safe recovery.

Per my healthcare provider's instructions, please note the following limitations:

- **Lifting Restrictions:** I am restricted from lifting, carrying, pushing, or pulling any objects weighing more than [Number] pounds.
- **Mobility Restrictions:** I must avoid [e.g., prolonged standing, climbing stairs, frequent bending, or reaching overhead].
- **Rest Periods:** I may require [Number] minutes of seated rest for every [Number] hours of activity.

These restrictions are currently expected to remain in place until [Date or "further notice"]. I have attached the official medical release form from my surgeon detailing these requirements.

I am committed to performing my job effectively within these parameters and would like to discuss any necessary temporary adjustments to my workstation or daily tasks. Thank you for your support during my recovery.

Sincerely,

[Your Signature]

[Your Printed Name]