To: [Human Resources Department / Occupational Health]

From: [Supervisor Name]

Date: [Date]

Subject: Approval for Return to Work - [Nurse Name]

Dear [Name],

I am writing to formally approve the return to work for [Nurse Name], who serves as a Triage Nurse in the [Department Name].

I have reviewed the medical clearance provided by the healthcare provider dated [Date]. Based on the documentation, [Nurse Name] is cleared to resume their full duties starting [Start Date].

I have discussed the current workflow and clinical protocols with the employee to ensure a smooth transition back into the triage unit. We are prepared to support their return and have confirmed that all necessary certifications and licensure remain current.

If you require any further documentation or information regarding this approval, please let me know.

Sincerely,

[Supervisor Signature]

[Supervisor Name]
[Title]
[Department]