

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID Number]

Department: [Insert Department]

Subject: Authorization of Graduated Return to Work Plan

Dear [Employee Name],

We are pleased to confirm your return to work following your medical leave. Based on the medical documentation provided by your healthcare provider and our recent discussions, [Company Name] has approved your Graduated Return to Work (GRTW) plan.

The goal of this plan is to facilitate your transition back to full duties and hours in a safe and sustainable manner. Your temporary work schedule and duties are outlined below:

Plan Duration: [Start Date] to [End Date]

Schedule Breakdown:

- **Week 1:** [Insert hours per day/days per week] - [Insert specific restrictions/duties]
- **Week 2:** [Insert hours per day/days per week] - [Insert specific restrictions/duties]
- **Week 3:** [Insert hours per day/days per week] - [Insert specific restrictions/duties]
- **Week 4:** Return to full hours and regular duties on [Date].

Work Restrictions and Accommodations:

[List any specific physical or cognitive restrictions, e.g., "No lifting over 10lbs," "Frequent breaks required," etc.]

Please note that this plan will be reviewed weekly by [Supervisor Name] to ensure it aligns with your recovery progress. If you experience any difficulties or require adjustments to the plan, please notify Human Resources or your supervisor immediately.

By signing below, you acknowledge that you understand and agree to the terms of this graduated return to work plan.

Sincerely,

[Signature]

[Name of Manager/HR Representative]

[Title]

Employee Acceptance:

I accept the Graduated Return to Work Plan as outlined above.

Signature: _____ Date: _____