

[Current Date]

[Employer Name]

[Clinic/Facility Name]

[Department Name]

[Address]

Subject: Return to Work with Reduced Shift Schedule - [Employee Name]

Dear [Manager Name],

Please accept this letter and the attached medical documentation as formal notification that I am cleared to return to my duties as a Medical Assistant on [Start Date].

Per my healthcare provider's recommendations, I am requesting a temporary transition to a reduced shift schedule to ensure a safe and sustainable return to the clinic. My proposed temporary schedule is as follows:

- **Effective Dates:** [Start Date] to [End Date/Re-evaluation Date]
- **Shift Duration:** [Number of hours, e.g., 4 or 6 hours] per day
- **Days per Week:** [Specific days, e.g., Monday, Wednesday, Friday]

During these shifts, I am fully capable of performing standard Medical Assistant duties, including [mention specific tasks like vitals, rooming patients, or charting], while adhering to the physical limitations outlined by my physician.

I am committed to coordinating with the team to ensure patient care remains seamless during this transition. I would like to schedule a brief meeting to discuss how we can best implement this schedule and manage my current caseload.

Thank you for your support and for assisting with my return to the team.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]