

Date: [Insert Date]

To: [Manager Name / Human Resources]

[Company Name]

[Company Address]

Subject: Return to Work Plan - Modified Hours and Duties

Dear [Manager Name],

This letter is to formally notify you of my intent to return to work as a Phlebotomist following my medical leave for [Type of Injury]. Attached is the medical clearance documentation provided by my healthcare provider.

Based on my current medical assessment, I am cleared to return to work starting [Start Date] under a modified schedule and restricted duties to ensure a safe recovery. My restrictions are as follows:

Modified Work Schedule:

[e.g., Monday, Wednesday, Friday: 8:00 AM - 12:00 PM]

[Total Hours per week: XX hours]

Physical Restrictions:

- No lifting, pulling, or pushing more than [X] lbs.
- Limited repetitive motion of the [Left/Right] hand/arm.
- Frequent rest breaks (approx. [X] minutes every [X] hours).
- Avoidance of [Specific Task, e.g., long periods of standing].

I am committed to performing my phlebotomy duties, such as blood draws, specimen labeling, and patient data entry, within these specified limitations. I will continue to follow my medical provider's advice and will provide updated documentation after my follow-up appointment on [Date of Next Appointment].

Please let me know if we need to schedule a meeting to discuss these accommodations further.

Sincerely,

[Your Name]

[Your Employee ID]

[Your Phone Number]