

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

[Date]

[Supervisor's Name]  
[Department Name, e.g., Radiology/Imaging Services]  
[Facility/Hospital Name]

Subject: Return to Work with Adjusted Schedule - [Your Full Name]

Dear [Supervisor's Name],

I am writing to formally notify you of my intent to return to my position as a Radiology Technician on [Start Date]. Following my recent [medical leave/personal leave], my physician has cleared me to resume clinical duties under an adjusted work schedule.

To ensure a safe and effective transition back to the imaging department, I am requesting the following schedule modifications for a period of [Number] weeks:

- **Shift Duration:** Maximum of [Number] hours per shift.
- **Weekly Total:** No more than [Number] hours per week.
- **Rest Periods:** [Specific requirement, e.g., 15-minute break every 2 hours].
- **Shift Type:** [e.g., No overnight on-call rotations or restricted to day shifts].

I have attached the medical documentation from my healthcare provider outlining these recommendations. I remain fully capable of performing standard imaging procedures, including [mention specific modalities if applicable, e.g., X-ray, CT, MRI], while adhering to these time-based adjustments.

I am eager to rejoin the team and provide high-quality care to our patients. Please let me know if we can meet to discuss how these adjustments will be implemented within the department rotation.

Sincerely,

[Signature]  
[Your Printed Name]  
[Your Employee ID Number]