

[Date]

[Employee Name]  
[Employee Address]  
[City, State, Zip Code]

Dear [Employee Name],

This letter outlines the plan for your gradual return to work at [Clinic Name] following your medical leave. We are pleased to welcome you back and are committed to supporting your transition.

Based on the medical documentation provided, your return-to-work schedule is as follows:

- **Week 1:** [Start Date] to [End Date] - [Number of hours] per day, [Number of days] per week.
- **Week 2:** [Start Date] to [End Date] - [Number of hours] per day, [Number of days] per week.
- **Week 3:** [Start Date] to [End Date] - [Number of hours] per day, [Number of days] per week.
- **Full Duties Resume:** [Date]

During this period, your duties will be modified as follows to ensure compliance with your medical restrictions:

- [Specific restriction or modification 1]
- [Specific restriction or modification 2]

We will meet weekly to discuss your progress and address any concerns. If you experience any health difficulties during this transition, please notify me immediately.

Please sign below to indicate your agreement with this plan.

Sincerely,

[Your Name]  
Clinic Administrator  
[Clinic Name]

**Employee Acknowledgment:**

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[Employee Signature] / [Date]