

Subject: Modified Work Schedule Approval - Return to Work

Dear [Employee Name],

We are pleased to welcome you back to [Clinic Name]. This letter confirms the details of your modified work schedule as you transition back to your role as [Job Title].

Effective Date: [Start Date]

Approved Schedule:

- Monday: [Start Time] to [End Time]
- Tuesday: [Start Time] to [End Time]
- Wednesday: [Start Time] to [End Time]
- Thursday: [Start Time] to [End Time]
- Friday: [Start Time] to [End Time]

Temporary Restrictions or Accommodations:

[List any specific clinical or physical restrictions, such as lifting limits or patient volume caps, or enter "None"].

Review Date:

This modified schedule is temporary and will be reviewed on [Date] to determine if you are ready to resume your standard full-time hours.

Please coordinate with [Manager Name] regarding your specific patient assignments to ensure a smooth transition for our patients and the team. We are happy to have you back in the clinic.

Sincerely,

[Your Name]
[Your Title]
[Clinic Name]

Employee Acknowledgment:

[Employee Signature] / [Date]